Praxis-sourced commoning:

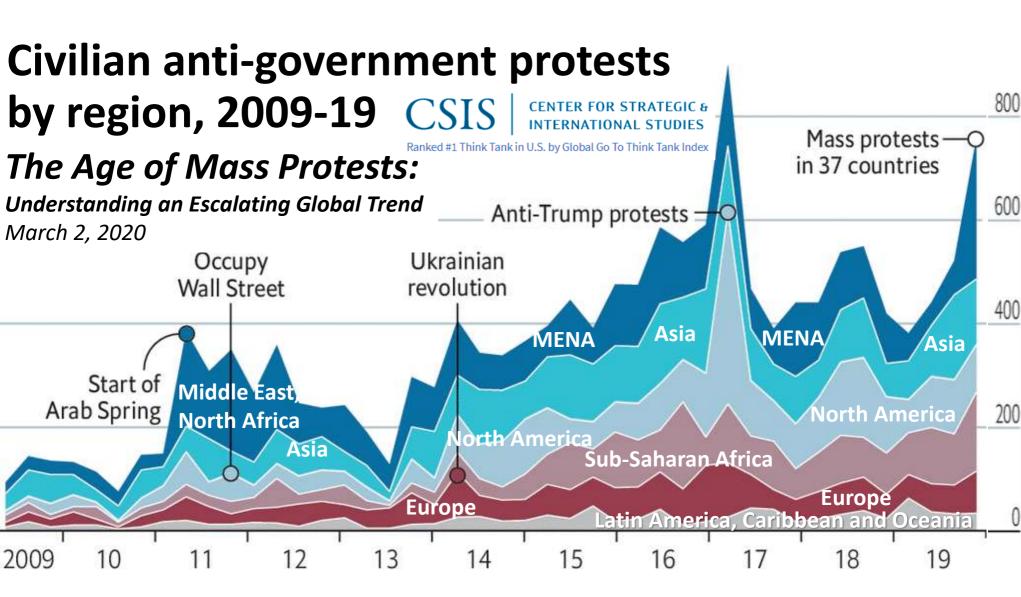
Some reflections from South African struggles

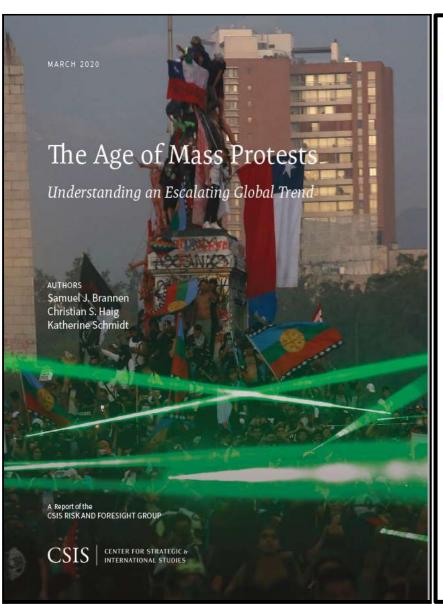
Patrick Bond

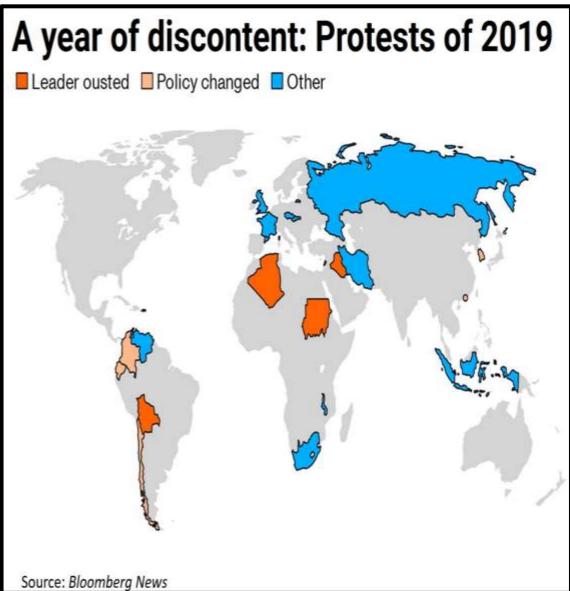
(School of Government, University of the Western Cape, South Africa)

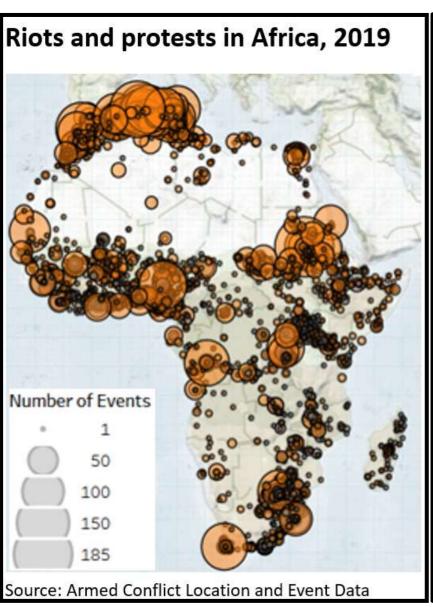
Presentation to South-South Forum 7 12 July 2020

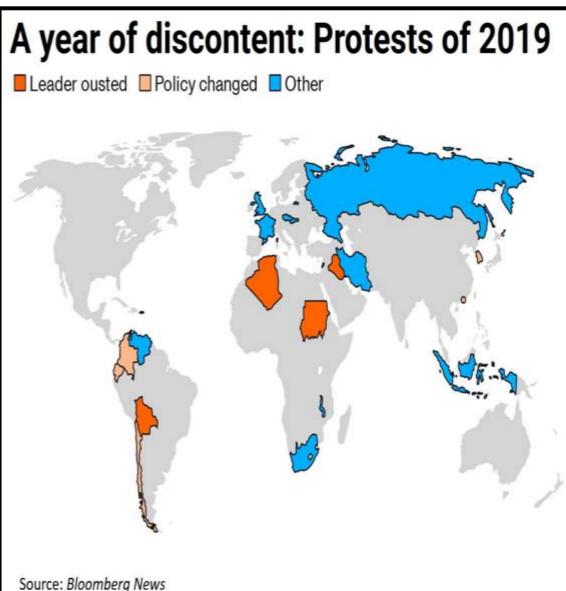
pbond@mail.ngo.za











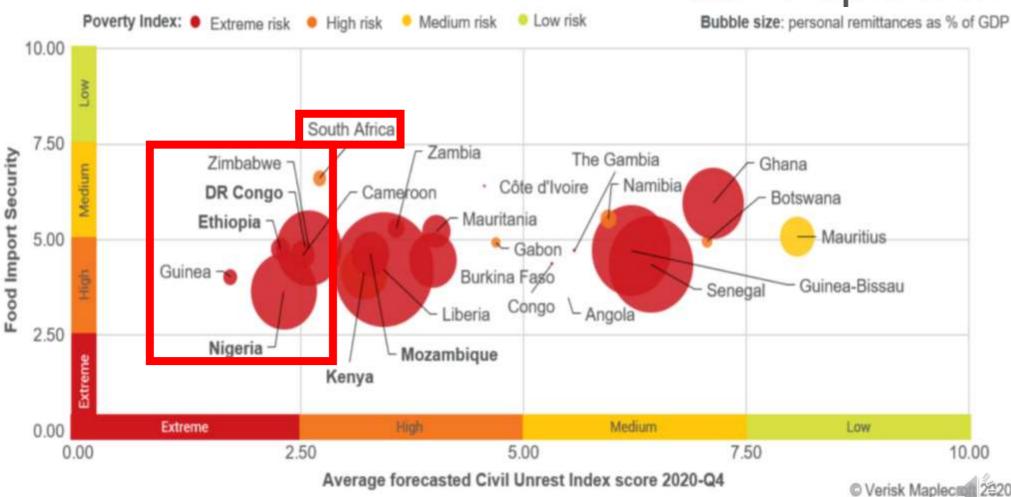


Civil Unrest Index 2020 Extreme Risk High Risk Medium Risk Low Risk Verisk Maplecroft

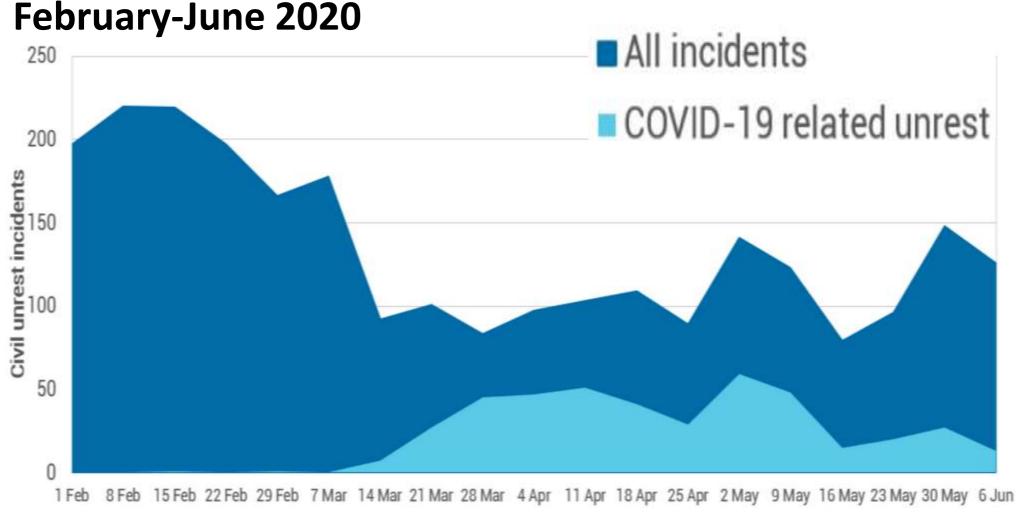


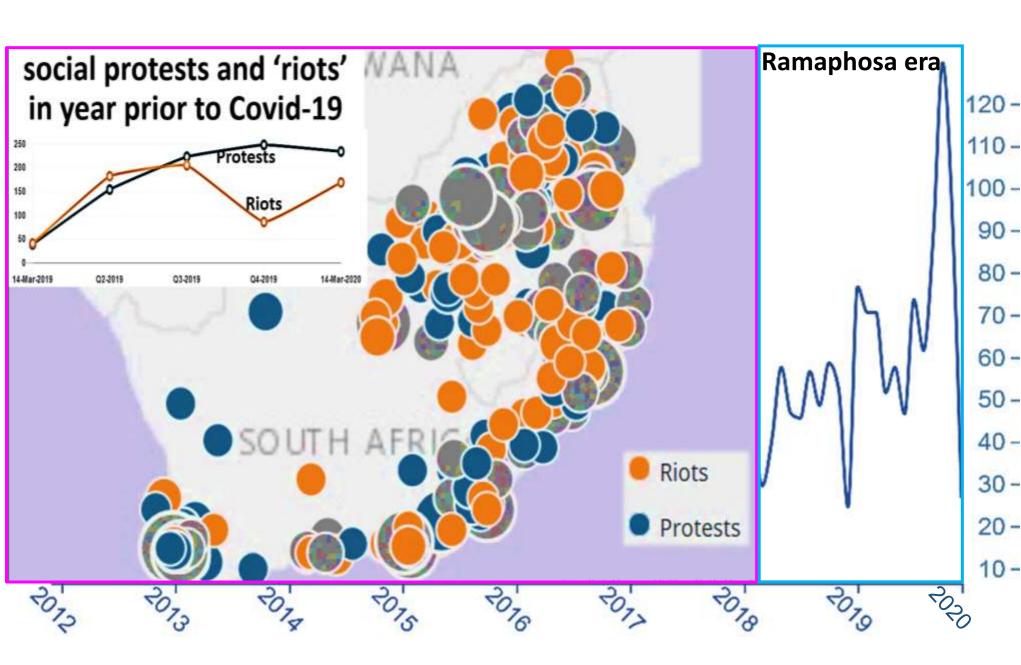


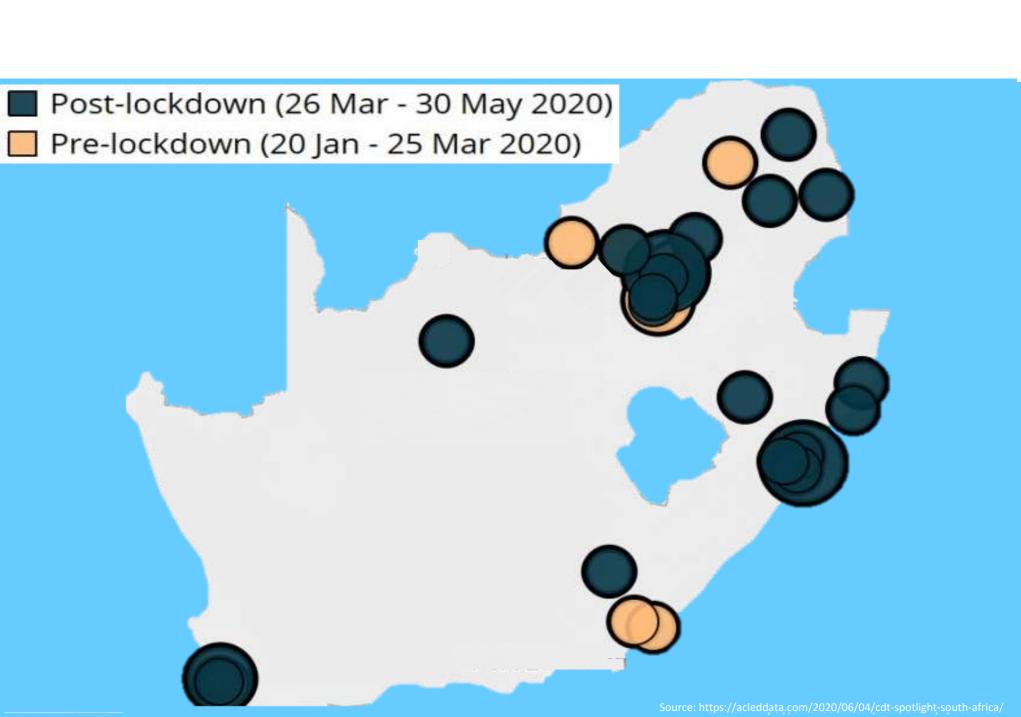




Number of incidents of civil unrest in sub-Saharan Africa,

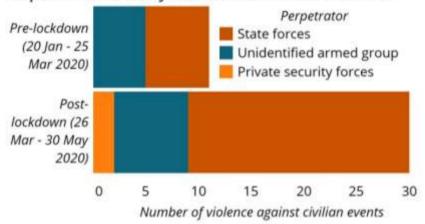






South Africa instituted a nationwide lockdown on 26 March in an effort to contain the coronavirus. This included a complete prohibition on alcohol sales, as alcohol-related issues were thought to place a disproportionate burden on the state's enforcement and health infrastructure.

Police Minister Bheki Cele encouraged security forces to both destroy liquor stores and to use force to enforce the ban. As a result, the increase in violence against civilians is almost entirely due to a surge in state targeting of civilians as part of these heavy-handed enforcement measures.

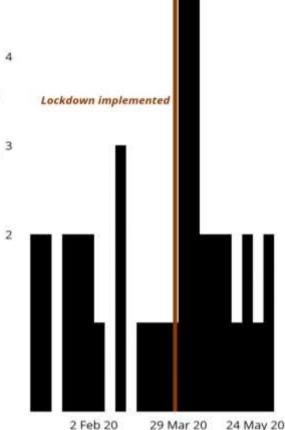


As South Africa loosens these restrictions, including the alcohol ban, such incidents are expected to decrease. However, prohibition measures provided opportunities to criminal networks seeking to profit from black-market sales of alcohol, and many small businesses were permanently destroyed, resulting in increased unemployment. Such consequences could catalyze an increase in new types violence in the coming months.

While most types of violence decreased in the weeks following the coronavirus outbreak, violence against civilians surged across South Africa. In the weeks following South Africa's lockdown measures implemented on 26 March, ACLED records more than double the number of violence against civilian events than during previous weeks.



The increase in violence against civilians is due in large part to a spike in the weeks directly following the implementation of South Africa's lockdown order.





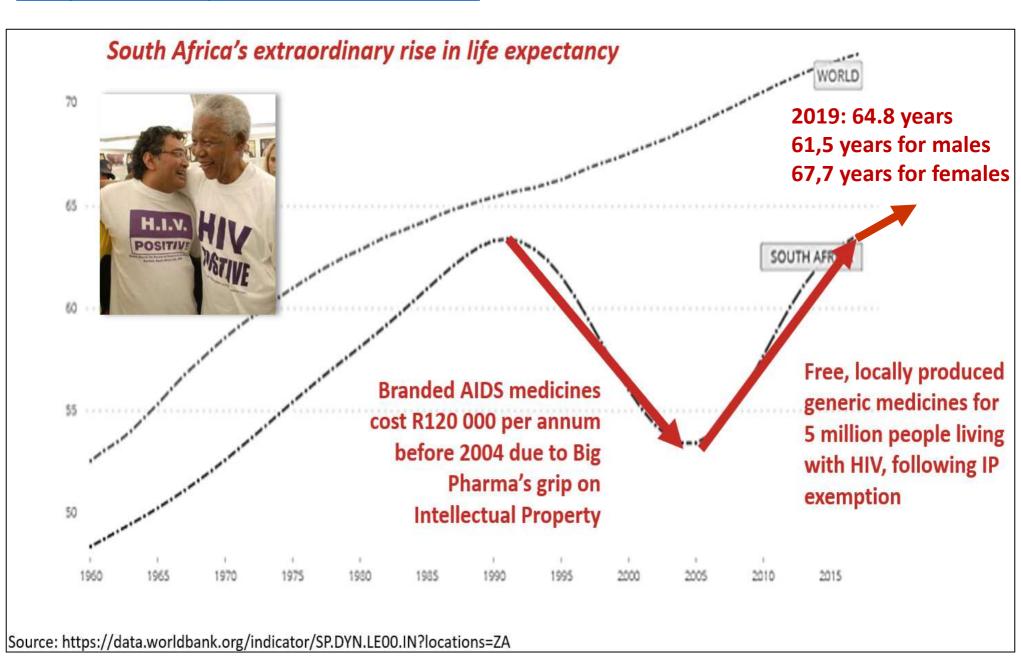




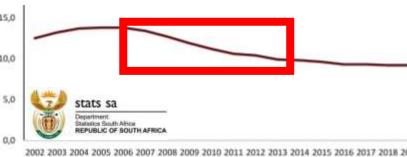




Excerpted from: https://vimeo.com/437409232



Death rate (per 1000 people), 2002-19



MARCH OF AIDS!

BEWARE THE

period 1 July 2006 to 30 June 2007. The decline in the percentage of AIDS-related deaths since 2007 can be attributed to the increase in the roll-out of ART over time. The national roll-out of ART began in 2005 with a target of one (1) service point in each of the 53 districts of South Africa at the time (later reduced to 52 districts). **number of** pattern of mortality over time. Access to ART has extended the lifespan of many in South Africa, who would have otherwise died at an earlier age, as evidenced in the decline of AIDS deaths post-2006

Year	Number of births*	Number of deaths*	Number of AIDS related deaths*	Percentage of AIDS related deaths
2002	985 592	581 147	204 164	35,1
2003	992 466	619 789	241 519	39,0
2004	1 058 035	648 774	273 113	42,1
2005	1 101 649	661 940	283 905	42,9
2006	1 136 560	671 812	286 588	42,7
2007	1 170 768	660 794	267 417	40,5
2008	1 196 587	634 042	238 476	37,6
2009	1 203 938	602 288	204 120	33,9
2010	1 204 340	574 718	176 946	30,8
2011	1 192 472	551 597	153 284	27.8
2012	1 184 855	550 702	148 374	26,9
2013	1 180 634	535 958	137 542	25,7
2014	1 178 657	538 866	131 908	24,5
2015	1 177 000	532 761	133 951	25,1
2016	1 179 465	526 226	130 434	24,8
2017	1 178 754	530 210	132 544	25.0
2018	1 175 282	535 401	129 677	24.2
2019	1 171 219	541 493	126 805	23.4

The highest deaths was estimated for the period 1 July 2006 to 30 June 2007. The decline in the percentage of AIDS-related deaths since 2007 can be attributed to the increase in the roll-out of ART

over time.

Source: https://www.statssa.gov.za/publications/P0302/P03022019.pdf



NEWS

South Africa's New Enemy

Inn Coher

+ See all authors and affiliations

Science: 23 Jun 2000: Vol. 288, Issue 5474, pp. 2168-2170 DOI: 10.1126/science:298.5474.216



Parks Mankahlana, President Thabo Mbeki's spokesperson, confirms a widespread rumor that providing treatment to infected pregnant women worries the government because of the number of surviving orphans this policy would create.

"A country like ours has to deal with that," insists Mankahlana. "That mother is going to die, and that HIV-negative child will be an orphan. That child must be brought up. Who's going to bring the child up? It's the state, the state. That's resources, you see?"

B B C NEWS

Friday, 27 October, 2000, 14:25 GMT 15:25 UK

Questions over death of Mbeki aide

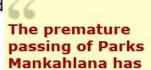


Parks Mankahlana: High profile spokesman for Mandela and Mbeki

By Carolyn Dempster in Johannesburg

Phakamile "Parks" Mankahlana, presidential spokesman for both Nelson Mandela and President Thabo Mbeki, died suddenly on Thursday after what the presidency described as a "long illness".

He was only 36 years old and there is intense speculation that the illness was Aids-related.



Corporate strategists assessed the vast size of the unemployed population, which allowed firms to replace workers living with HIV who become ill, with desperate compatriots, instead of providing treatment.

As an illustration, consider a year-long study at Africa's largest company, Anglo American Corporation. Anglo then had 160,000 employees, of whom 21% were estimated to be living with HIV.

In June 2001, the *Financial Times* reported on Anglo's "plans to make special payments to miners suffering from HIV/AIDS, on condition they take voluntary retirement."

However, in addition to bribing workers to go home and die, Anglo told the FT, "treatment of employees with anti-retrovirals can be cheaper than the costs incurred by leaving them untreated."

In August 2001, Anglo's vice president for medicine, Brian Brink, bragged in *Business Day* about a "strategy [which] involved offering wellness programmes, including access to anti-retroviral treatment."



"The company believed that the cost of its programmes would eventually be outweighed by the benefits it received in gradual gains in productivity, [Brink] concluded. Although it was indeed a risky strategy, it was the only one Anglo could pursue in the face of such human suffering."

But in October 2001, Anglo retracted its promise, as new analysis suggested 88% of its workers – 146,000 people – were not worth saving.

According to the *Financial Times*, Brink "said the company's 14,000 senior staff would receive anti-retroviral treatment as part of their medical insurance, but that the provision of drug treatment for lower income employees was too expensive."

Brink explained the criteria: ARVs "could save on absenteeism and improved productivity. The saving you achieve can be substantial, but we really don't know how it will stack up. We feel that the cost will be greater than the saving."

After an intense struggle with the mineworkers' union, the company was forced to reverse position again in mid-2002.

AngloAmer

There was also the residual power of pharmaceutical manufacturers to defend their rights to their Intellectual Property through monopoly patents on life-saving medicines (whose R&D was massively state-subsidised).

This pressure did not end in April 2001 when the Pharmaceutical Manufacturers Association withdrew their notorious lawsuit against the South African Medicines Act of 1997.

BIG PHARMACEUTICALS



That Act allows for parallel import or local production, via 'compulsory licenses', of generic substitutes for brand-name anti-retroviral medicines. Big Pharma's power was felt in the debate over essential drugs for public health emergencies at the November 2001 Doha World Trade Organisation summit, and ever since.



Campaigning for AIDS medicines access: Treatment Action Campaign and global allies

- 1990s U.S. promotes Intellectual Property above all, so monopoly-patented ARVs cost \$10-15,000/person/year
- 1997 SA's Medicines Act allows 'compulsory licensing' (breaking patent for generic producers);
- 1998 U.S. State Dept counters Medicines Act with 'full court press', Treatment Action Campaign formed after murder of AIDS activist Gugu Dlamini in Durban township due to stigmatisation
- ACTUP! protests at Al Gore presidential rallies, Seattle WTO st, Bill Clinton concedes, 'AIDS dissidents' emerge
 - AIDS conference in Durban, rise of Mbeki's denialism
 the 'PMA-SA v Mandela' lawsuit, trials by Medicines sans
 Frontiers, TAC imports generics (Thailand, Brazil, India),
 WTO exemption for IP confirmed at Doha summit

Campaigning for AIDS medicines access

"Due to government denialism and pharmaceutical greed, the poor were sent home to die while those who could afford to buy antiretrovirals in the private sector were able to live. The size of your pocket determined whether you lived or died."



Campaigning for AIDS medicines access

- 2002 tough critiques of Mbeki, Manto Tshabalala-Msimang and Alec Erwin, Constitutional Court backs ruling promoting nevirapine
- 2003 after insider lobbying, ANC compels change in state policy
- 2004 generics produced in SA, global AIDS funds grow
- 2019 five million public sector recipients of ARVs

Zackie Achmat

• threats – Covid-19, fiscal squeeze, Pepfar cutbacks, stockouts

strategic cesses (and lessons for Covid-19):

