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Understanding Thabo Mbeki's AIDS Denialism; Agency, Identity and Science

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Understanding Thabo Mbeki's AIDS Denialism; Agency, Identity and Science



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Abstract

This thesis examines Thabo Mbeki's AIDS denialism (1999-2003) and how his worldview influenced South Africa's response to the pandemic. Through a critical discourse analysis of his speech at The International AIDS Conference, the study explores Mbeki's resistance to Western scientific consensus, arguing it is part of a broader push for African agency and self-reliance. Mbeki's rejection of Western health interventions reflects his desire for African self-determination and challenges the dominance of Western states in shaping global health governance. The thesis further examines the implications of Mbeki's policies, not only in exacerbating the HIV/AIDS crisis in South Africa but also in reinforcing the narrative that the pandemic was an "African" problem, allowing Western countries to distance themselves from the crisis. By framing the pandemic as part of Africa's broader socio-economic struggles, Mbeki's discourse reveals the intersection of science, politics, and postcolonial identities. This thesis highlights the critical role of individuals in shaping global (health) policy and calls for recognition of local knowledge in global governance. Finally, this thesis enhances the understanding of the positions of states in The Global South in international affairs and highlights the need for culturally informed and inclusive global health strategies to manage future pandemics better.

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1. Introduction

The global HIV/AIDS pandemic has been one of the most significant public health challenges of the late 20th and early 21st centuries, affecting millions of lives across all continents. Despite not being the world's most populous state, South Africa found itself grappling with the highest number of HIV/AIDS cases in 2008 (United Nations 2010). An independent study estimates that between 2000 and 2005, South Africa experienced 330,000 to 343,000 preventable deaths due to governmental health policies (Chigwedere, et al. 2008, 3). During Thabo Mbeki's presidency, the administration hesitated to provide antiretroviral therapies (ARV) to HIV-positive citizens, citing concerns about their toxicity and effectiveness. Moreover, the government restricted the use of nevirapine and declined grants from the Global Fund to Fight AIDS, opting instead to promote unconventional remedies like advocating natural ingredients to solve the disease such as lemon, garlic, and beetroot ([The Guardian 2010](#)).

Thabo Mbeki's presidency was characterized by skepticism towards mainstream HIV/AIDS science, challenging HIV's role as the cause of AIDS and emphasizing socioeconomic factors in HIV/AIDS transmission. The president's rejection of established viewpoints ignited a global controversy during his address at the inauguration of The 2000 International AIDS Conference. Despite expectations of abjuration, he reiterated his denialist views by stating that not all the blame can be put on a virus and that poverty was responsible for more deaths worldwide than AIDS (Mbeki, 2000). Although the correlation between poverty and AIDS had already been established, the president's remarks questioning the accuracy of current HIV tests drew significant criticism. Throughout his presidency, Mbeki continued to publicly express doubt about the direct link between HIV and AIDS, further aggravating the tensions in the debate ([Time Magazine, 2000](#)).

When analyzing the policies of a state, the role of individual leaders cannot be overlooked. Heads of state, through their personal beliefs and decisions, can act as primary drivers in shaping a country's domestic and international policies. Understanding the worldview of these leaders provides a clearer picture of why certain positions are adopted, especially in the

Global South¹, where individual leadership often intersects with historical, social, and political contexts. By distancing South Africa from the established norms set by Western health authorities, Mbeki raises questions about power dynamics in global health governance. It suggests a pushback against the dominant influence of Western states and highlights the desire for autonomy and recognition of local contexts and knowledge. Mbeki's refusal to comply with international HIV/AIDS guidelines challenges the Western perception that the Global South should unquestionably follow guidelines set by Western authorities and shows how a head of state can significantly impact a country's political direction.

Similar political tensions arose during other pandemics like Ebola, where vaccine distribution became heavily politicized (Chiappelli 2015, 13). These dynamics were also visible in more recent pandemics; following the significant spread of Mpox in countries such as Portugal, Spain, and the United Kingdom, a rapid worldwide reaction involving the delivery of vaccines was initiated. African researchers voiced their dissatisfaction as they observed that monkeypox epidemics had been taking place in Central and West Africa for an extended period (Koslov 2022). However, the issue did not seem relevant enough to allocate resources to address the outbreaks until Western countries were affected. During the COVID-19 pandemic, African scientists' observations were ignored, or needed to be “fact-checked” by their Western peers (Lee 2023, 874).

The denialism in Mbeki's policies is similar to the stance of Tanzanian President John Magufuli during the COVID-19 pandemic, where he dismissed the virus as a European hoax ([BBC 2021](#)). Magufuli's rejection of scientific consensus is a recent example of how leaders in the Global South can resist Western-led initiatives through global health governance, whose policies are often informed by Western-dominated institutions. This research highlights how postcolonial identities inform political leaders' attitudes toward health crises. Understanding these positions is pivotal, as they challenge dominant Western narratives and underscore the importance of political identity in shaping global health responses in the Global South. This research contributes to a more broadened understanding of how the

¹ The binary classifications of “The Global South” and “The Global North” tend to give simplistic overviews of realities in global interdependence and power dynamics. Some states, such as those in the BRICS group (including South Africa), challenge this traditional classification due to their growing political and economic power. It is, therefore, important that although these terms are used throughout the thesis, their meanings are context-dependent, and their nuances and exceptions within the global order need to be recognized.

historical legacies of colonialism influence contemporary political stances in the Global South, with implications beyond the HIV/AIDS pandemic reaching other global health issues. This thesis is not solely relevant for understanding issues in global health governance but also offers broader insights into the positions taken by states in the Global South in other themes central to global governance. In current geopolitical issues such as The Cuba Embargo, the Israeli-Palestinian Conflict, or the Venezuela Crisis, we often observe a lack of understanding about why states in the Global South adopt certain stances. This research aims to deepen understanding of how postcolonial identities and historical experiences shape states' responses to global health crises, while also shedding light on their broader political alignments.

1.2 Research Question, Approach and Structure

As a liberal democracy, South Africa has often been viewed by Western nations as an ally or part of their circle. However, as a regional power on the African continent and an influential player within international platforms like BRICS and the Non-Aligned Movement, South Africa's defiance of "commonsense" Western approaches is particularly interesting. The consequences of apartheid further position South Africa as a unique case for analyzing anti-Western sentiments in global health, as its population continued to face the effects of a white minority rule after decolonization. The central question guiding this paper is; *How can South Africa's denialist policies towards the HIV/AIDS pandemic from 1999-2003 be understood through the worldview of Thabo Mbeki?*

To understand the complexities of AIDS denialism through Mbeki's worldview, it is crucial to understand the historical factors that shaped its emergence. In this paper, Mbeki's worldview will be analyzed through a comprehensive review of biographical sources, secondary literature, and, most importantly, a detailed post-colonial critical discourse analysis of his speech at the International AIDS Conference. This address, which sparked significant international controversy, is an important moment where AIDS denialism evolved from a domestic issue into a global one. Analyzing this speech offers insights into Mbeki's worldview. The findings of the discourse analysis are contextualized by analyzing other key pieces in Mbeki's discourse, such as his speech known as "I am an African" and "The Humanization of the African".

The decision to employ a post-colonial lens for the critical discourse analysis is driven by the recognition that colonialism has had a profound and lasting impact on (South) African (health) governance, influencing how leaders like Mbeki have engaged with global health crises such as the AIDS epidemic. This post-colonial perspective allows for a more elaborate understanding of Mbeki's discourse, revealing how his denialist stance on AIDS was not merely a matter of health policy but also a reflection of deeper ideological conflicts rooted in the history of South Africa. The 1999-2003 period was chosen because Mbeki consistently supported or sympathized with AIDS denialist ideas during this time.

In the next chapter, a historical context of the AIDS pandemic in South Africa is provided. The South African government's response will be summarized after a brief section on the country's colonial past and transition to democracy. This chapter sets the stage for an engagement with existing scholarship on AIDS denialism in South Africa in the subsequent literature review. The literature review chapter discusses the relevant literature in three subsections and highlights that postcolonial discourse analysis will shed light on the ideas of resistance against mainstream public health policy.

Subsequently to the literature review chapter, the theoretical framework and methodology are outlined, focusing on Fairclough's Critical Discourse Analysis and postcolonial theory. This chapter explains how these frameworks are integrated to provide a deeper comprehension of the discourse surrounding AIDS in South Africa under Mbeki and an explanation is provided of why this approach is the most adequate for this particular research. Next to this, it will be justified why the speech at The International AIDS Conference was chosen as the main research component for this research. Finally, the analysis will be conducted and the thesis will conclude with a reflection of the key findings and a discussion of their theoretical implications to more current global health challenges.

1.3 Contribution to Literature and Limitations

The existing literature on HIV/AIDS denialism situates South Africa's response within the broader context of health security in the Global South, linked to colonial legacies. It also explores the causes and impacts of denialism and highlights civil society's role in combating misinformation. This research contributes uniquely to the literature by combining

postcolonial theory with Fairclough's Critical Discourse Model. Besides, it reflects on the implications of AIDS denialism in South Africa and applies it to more recent pandemics such as Mpox, where similar patterns of "Africanization" and misinformation are emerging² (Iwuagwu 2023, 114).

Analyzing Mbeki's policies and the discourse surrounding AIDS also has broader relevance for contemporary pandemics and highlights the dangers of allowing political agendas to invalidate scientific consensus. This study's analysis of Mbeki's discourse provides a framework for understanding how political narratives shaped by historical events, in particular in the Global South, can impact health crises. This research also seeks to contribute to the existing literature by examining AIDS denialism as a response against Western dominance in global health, offering insights that can guide decision-making processes in similar dynamics between "The Global South" and "The Global North". This study's contribution to the literature is, therefore, twofold: it deepens the understanding of AIDS denialism through a focused PCDA of Mbeki's worldview and extends its relevance to contemporary discussions on pandemic responses.

Although this paper tries to cover the most important nuances in the debate of AIDS denialism, there are certain limitations. The research focuses on the period between 1999 and 2003, during Mbeki's presidency, so the findings are specific to that time and may not be applicable to other periods. Additionally, using a single case study approach for the PCDA, centered on one of Mbeki's speeches, limits the generalizability of the conclusions drawn. While the findings of the speech are contextualized in relation to other productions central to Mbeki's worldview, it is crucial to acknowledge that the conclusions drawn from the speech are subject to interpretation. The findings in this these are an attempt to illustrate Mbeki's broader worldview rather than fully represent his range of perspectives.

² The danger of letting political agendas invalidate scientific consensus is not limited to states in the Global South. During the COVID-19 pandemic, political parties in The West also contributed to the spread of misinformation about scientific evidence and framed the pandemic as a hoax (Barry 2022, 280). This thesis aims to analyze resistance to the global order through invalidating science particularly from a postcolonial perspective, and thus focusses on the Global South, where the effects of colonialism affect policy-making most.

2. Colonialism, Apartheid and AIDS: A Brief History of South Africa

In this chapter, an overview of the HIV/AIDS landscape within the context of a brief historical overview of South Africa will be provided. Subsequently, this chapter briefly describes the government's approach to the HIV/AIDS pandemic during and preceding Thabo Mbeki's presidency. To analyze the dynamics of HIV/AIDS denialism and its impact on South Africa, it is essential to understand the historical context.

2.1 South Africa's Battle Against Colonialism and Apartheid

The 17th century marked the start of South Africa's colonial era, as Europeans –primarily from the Netherlands - arrived and established themselves in the region. Inherent to colonialism, this period was characterized by the exploitation of natural resources, unfair labor practices and discriminatory legislation that marginalized indigenous Africans and other non-white communities (Oliver 2017, 1). The finding of valuable minerals had a profound impact on the economic and political landscape of South Africa. Diamond and gold discoveries attracted British attention and investment, which intensified the growth of British imperial aspirations in the area (Bryden 1904, 147). By the late 19th century, South Africa was firmly under British control, and in 1910, the Union of South Africa was established, institutionalizing British authority over the Cape Colony, Natal, Transvaal, and Orange Free State. These events signified the formalization of apartheid-like policies that would entrench racial segregation and discrimination in the years to come (Thompson 2001).

Apartheid, which comes from the Afrikaans word "apartness," was a political system of racial segregation and exclusion implemented by the National Party, who governed South Africa from 1948 until the dismantlement of the apartheid in 1994. The National Party's policies grouped the South African population into different racial categories such as White, Black, Coloured, and Indian (Posel 2001, 54). Non-white Africans were negatively affected by apartheid's oppressive policies, which included forced removals, pass laws, and the denial of basic human rights (Posel 2001, 58). Oliver calls this phase in South Africa's history "nothing else but a next phase of colonization of the country," which he argues was the harshest of them all (Oliver 2017, 5).

Apartheid policies included the creation of distinct residential zones for various ethnic groupings, restrictions on movement, education, and employment opportunities based on race, and the enforcement of racially discriminatory laws, such as the Population Registration Act and the Group Areas Act (Posel 2001). The law required every South African to be classified into one racial group, and the Group Areas Act enforced residential segregation by assigning different racial groups to different areas. The apartheid system severely limited the social, economic, and political freedoms of non-white South Africans. A prime example of how the system aimed to keep segregation institutionalized was through establishment of the Bantu Education Act in 1953. This act sought to provide Black South Africans with fundamental education specifically tailored to equip them for low-skilled occupations, ensuring the continuation of a racially segregated labor market which ensured low skilled labor would be reserved for the black population (Worden 2012, 105).

The dismantling of apartheid was a long process that finally reached its conclusion in the early 1990s. The African National Congress (ANC), with at its head figures such as Nelson Mandela and Oliver Tambo, significantly contributed to the organization of opposition against apartheid. Nelson Mandela's 27-year imprisonment is globally considered a manifestation of defiance and tenacity in the face of apartheid subjugation. A significant turning point was Mandela's release from prison in 1990, which led to negotiations for a democratic transition. The first democratic elections in South Africa, in which all citizens were able to vote, took place in 1994. Subsequently, Mandela was elected as the country's first democratically recognized President. Thabo Mbeki took over from Mandela in 1999, and inherited a country struggling with the enduring effects of apartheid and striving for socio-economic transformation. Mbeki's presidency was characterized by ambitious developmental goals and efforts to position South Africa as a leader on the African continent (Glaser 2010, 24).

2.2 The South African Policy Response to HIV/AIDS

The first instance of HIV/AIDS in South Africa was officially registered during the Apartheid period in 1982. The virus was first seen in a homosexual male who acquired HIV during his time in The United States (SAHO 2012). In the same year, more than 200 samples were randomly collected from gay men residing in Johannesburg, revealing that more than 12% came back positive for HIV. A meeting was subsequently organized by the South African administration to deliberate on the possible dangers that the sickness presented to South Africa. Subsequently, the country's official list of communicable illnesses was expanded in 1987 by including HIV/AIDS (SAHO 2012).

In August 1994, Nelson Mandela's government accepted the legislation proposal "The National AIDS Plan for South Africa" drafted by NACOSA, of which its full name is known as "Networking HIV & AIDS Community of Southern Africa" (SAHO 2012). Activists and AIDS organizations celebrated the new government's commitment to finding a way to deal with the disease's consequences. The NACOSA approach was primarily focused on HIV prevention via educational programs in the public sphere, with the goal of reducing transmissions by providing support to individuals affected by the virus. Next to this, the plan also aimed to mobilize resources at different governmental scales to combat HIV/AIDS (Wouters, 2010, 174; SAHO 2012). Although the plans were well-established, Schneider and Stein argue that between 1994 and 1998, the AIDS policy's implementation was slowly executed, which hindered the effectiveness of the AIDS plan (Schneider and Stein 2001, 726).

In 1996, the South African government gave the AIDS pandemic extra attention through the project called Sarafina II. The project received an allocation of more than 14 million rand from the South African government, which was possible due to a financial donation from The European Union. The objective of this initiative was to enhance knowledge among the youth about HIV/AIDS through a theatrical presentation (N. Lee 1996, 610). According to Lee, The European Union was not aware that the donated money would go to a theatre production (N. Lee 1996, 610). The European Union had also not been notified nor received requests regarding the change in plans of the donated money ([Mail&Guardian 1996](#)). As a result of the criticism from the European Union and HIV/AIDS organizations, the Sarafina II program was discontinued. According to Fassin, the Sarafina II affair is "considered the first episode

in a long series of controversies that have poisoned politics in the mobilization against AIDS.” (Fassin 2007, 39).

During this time, the government had attempted to tackle the AIDS pandemic through theatre, rates of HIV infections continued to rise throughout South Africa in towns that had mining, plantation, and border activities (Pelser 2002, 350). In 1997, the gold mining areas in Gauteng had reached an HIV prevalence of 22.5%, while the sugar plantation, trucking, and rail town of Empangeni in KwaZulu-Natal had a prevalence of 35% (Pelser 2002, 58). Pelser highlights a strong link between South Africa's high HIV/AIDS rates and the migrant labor system tied to the mining industry. Dating back to the colonial era, this system contributed to the spread of sexually transmitted diseases like syphilis (Pelser 2002, 38). Mine workers, often separated from their families, faced conditions that caused family bonds to weaken and facilitated the spread of STDs such as HIV. By the late 1990s, South Africa had one of the highest HIV prevalence rates globally (United Nations 1998, 3).

2.3 Denialist Policy Responses

In 1997, a review of the NACOSA plan of 1994 policy was conducted, which led to a renewed government AIDS action plan. The plan was supported by Mbeki, who was soon to become president. The primary objective was to enhance public awareness and develop innovative approaches to tackle the issues posed by the epidemic across different sectors (Butler 2005, 594). The strategy included transferring financial and human resources to a complex intervention aimed at effectively decreasing STDs that make individuals more susceptible to HIV infections (Butler 2005, 593). While new and effective treatment options for HIV/AIDS were met globally, resistance occurred from the South African government, which seemed to be primarily on the grounds of affordability (Butler 2005, 594).

In 1999, Manto Tshabalala-Msimang, the former minister of health and a qualified physician, endorsed the use of antiretrovirals to enable pregnant women to prevent the transmission of HIV to their unborn child (MTCT). However, Msimang and the Mbeki government had not yet shown support for granting HIV patients who were not pregnant access to antiretroviral medication. In the year 2000, Thabo Mbeki criticized the conventional understanding of AIDS policy. The president questioned the evidence that HIV led to AIDS and raised

concerns about the safety of AZT, an antiretroviral medicine which was proven to reduce the effects of AIDS (Fassin 2007, 50). Mbeki continued to go against mainstream science by setting up an advisory panel with the aim of challenging HIV/AIDS science and intensified his efforts by drafting a letter addressed to other global leaders urging them to explore the socio-economic factors contributing to AIDS, rather than just the viral ones (Butler 2005, 594). The composition of the National AIDS Committee (SANAC) likewise reflected the president's attempts to scrutinize mainstream science, which did not include prominent researchers, but included voices that were considered 'dissident' by mainstream biomedical researchers. The panel's effectiveness was questionable as they released only an interim report in 2001 and the report mainly focused on the differences between mainstream and denialist scientists (Tshabalala-Msimang 2001; Butler 2005, 595).

At the opening ceremony of the 2000 International AIDS Conference held in South Africa, the president's controversial views created an international scandal. Despite the expectation that he would retract his statements, he reiterated his denialist views. He argued that all the blame for AIDS should not be put on the HIV virus and that poverty was responsible for more deaths globally than AIDS (Mbeki 2000). Although the scientific community had previously proven the association between poverty and HIV/AIDS, the president's remarks questioning the accuracy of current HIV tests drew significant international criticism (New York Times 2000). Until his withdrawal from the AIDS debate in 2002, Mbeki continued to promote denialist views. Afterward, Tshabalala-Msimang carried on advocating these positions, despite growing evidence supporting the link between HIV and AIDS and the effectiveness of antiretroviral treatment.

In March 2003, civil society pressure increased when The Treatment Action Campaign (TAC) led a significant protest against the government's response to AIDS. Over 20,000 citizens expressed their discontent and the movement gained support from the international community, which provided South Africa's civil movements with high credibility (Salcedo 2004). In August 2003, the cabinet stated support of antiretroviral treatment as a direct response to public pressure. However, the Cabinet was cautious and did not immediately provide ARVs to all hospitals. Instead, they requested the Department of Health to formulate an operating strategy. The government justified this delay based on their known concerns about affordability and lack of infrastructure (Butler 2005, 595).

The dismantlement of AIDS denialism in South Africa was marked by evolving scientific consensus and changing political leadership. President Mbeki's term ended in 2008, marking a shift in the country's approach to HIV/AIDS. His successor, Jacob Zuma acknowledged the overwhelming evidence linking HIV to AIDS and the effectiveness of antiretroviral therapy in combating the epidemic. Zuma's administration prioritized expanding access to treatment and improving healthcare infrastructure, signaling a departure from Mbeki's controversial denialist policies. This change in leadership, coupled with sustained activism and international pressure, contributed to a significant shift in South Africa's response to HIV/AIDS, ultimately bringing an end to the era of AIDS denialism in the country.

3. AIDS Denialism in South Africa: A Literature Review

This literature review explores previous research on AIDS denialism in South Africa. Various authors' explanations of and factors causing AIDS denialism in South Africa are examined, and the review is structured around three themes. Firstly, it explores authors who focus on the role of dissident science on Mbeki's stance towards HIV/AIDS. Secondly, the review delves into the literature that foregrounds the socioeconomic factors that underpin Mbeki's denialist approach. Third and finally, the review touches upon authors, such as Wang (2008) and Fassin (2007), who have written about the legacies of colonial histories on AIDS denialism, on which the rest of this thesis builds.

3.1 The Role of Dissident Science in AIDS Denialism

Some authors have argued that dissident science has been particularly influential in shaping Mbeki's approach to HIV/AIDS. Gumede (2007) and Nattrass (2004) highlight the influence of individuals like David Rasnick and Anthony Brink, who presented Mbeki with an example of the book "Debating AZT". This book argued that AZT, a medicine which was confirmed to diminish the effects of HIV/AIDS by mainstream science, was toxic (Nattrass 2012, 4). Gumede argues Mbeki continued to question the link between HIV and AIDS, and if the virus could be transmitted through sexual contact, throughout his entire presidency (Gumede 2007, 196). In Gumede's work, it is highlighted that Mbeki genuinely challenged mainstream Western-dominated science, seeing poverty as the cause of AIDS, not just an exacerbator. Thornton expands on this idea by highlighting that the right hand of Mbeki, at that time Minister of Health Tshabalala-Msimang, welcomed traditional healers to the ministerial meetings on AIDS policy, thereby offering a counter-narrative to the AIDS discourse (Thornton 2008, 168).

Some authors have argued Mbeki's engagement with dissident science was part of a package of techniques tightly connected with a dedication to "Africanism", which involves finding a unique African method to tackle problems of society and governance (Thornton 2008, 172). Mbeki was attracted to dissident science because it seemed like a simple alternative to traditional prevention policies, as argued by Mbali (2004, 107). The government could

potentially avoid the difficult planning challenges involved in addressing the AIDS epidemic by embracing dissenting viewpoints. Mbali states that Mbeki's dissenting stance can be explained as a pushback against the dominant AIDS discourse which is embedded with a racial bias (Mbali 2004, 106). This bias can be traced back to stereotypes about African sexual practices and behaviors as inherently dangerous or deviant which leads to Africa being the epicenter of the pandemic. Thornton's viewpoint is in line with van Houten's argument that denialist perspectives were strategically included to create uncertainty about the existence of AIDS as a distinct medical condition (van Houten 2005). Van Houten suggests that by fostering denialism, the government could establish an "ultimate alibi", justifying neglecting to effectively address the crisis if it gains traction as a widespread belief. This tactic could absolve the government of responsibility for implementing comprehensive AIDS prevention and treatment strategies, thereby sidestepping accountability for potential failures in public health management. In other words, van Houten puts forward the idea that Mbeki's embrace of dissident science was a calculated move to simplify the complexities of governing HIV/AIDS and shield against criticism.

Robins (2004) further elaborates on why Mbeki decided to engage with dissident science. He argues that according to Mbeki and his 'dissident' supporters, science regarding AIDS in South Africa was not the result of unbiased, logical, and universally applicable scientific investigation. Instead, they viewed them as outcomes of historically shaped and politically motivated processes rooted in specific histories such as apartheid and colonialism, under which non-white South Africans had been disadvantaged (Robins 2004, 654). Robins states Mbeki's engagement in dissident science is further explained when "*The Humanisation of the African*" was put on the ANC's national website (Robins 2004, 659). The document referenced science-based evidence that accused pharmaceutical companies of contributing to 'the medicalization of poverty' and undermined the biological immune responses of Africans (Robins 2004, 659). Robins points out that nationalist intellectuals from the Third World have actively contested what they perceive as 'Western ethnocentrism'. He applies Chatterjee's (1993) ideas on Bengali culture in colonial India to Mbeki's dissident science.

Chatterjee argues that for nationalism to develop, the oppressed must retain some degree of autonomy to establish their own knowledge systems (Chatterjee 2020, 137). Put differently, Chatterjee illustrates how anti-colonial nationalists established their own sphere of epistemological sovereignty, within the colonial framework before engaging in their political

struggle against imperial rule. Robins argues that African nationalists, similar to what Chatterjee's ideas, developed nationalistic ideologies that incorporated Western cultural aspects of governance while at the same time establishing sovereignty in the realm of African culture and knowledge (Robins 2004, 660). When applying this to the AIDS epidemic in South Africa, Western scientific knowledge thus poses a threat to local epistemological sovereignty with dissident science as the solution.

This section of the literature shows its relevance to the thesis as it provides an in-depth analysis of how Mbeki's engagement with dissident science was deeply intertwined with his broader political and ideological stance, which sought to challenge Western dominance and assert African epistemological sovereignty. By linking Mbeki's policies to nationalist movements that resisted colonial influences, this analysis helps to contextualize his denial of mainstream AIDS science within the larger framework of postcolonial resistance.

3.2 Unpacking Socioeconomic Drivers of AIDS Denialism

While some writers contend that Mbeki was fixated on science put forward by dissident research, others contend that Mbeki's decision to engage in AIDS denialism represented an ideological pushback against neoliberalism. Johnson (2005) suggests that Mbeki's stance on AIDS makes little sense from a biomedical perspective, but he may have been responding to a different reality. Camp (2015) similarly suggests Mbeki's denialism was not fueled by reading scientific literature but instead by Mbeki's obsession with South Africa's larger socio-economic conflict. This subsection of the literature review will further examine the role of neoliberalism on Mbeki's political views and how it intersects with Mbeki's dissident beliefs about AIDS.

In her work, Johnson presents a different perspective in which the South African government saw itself as fighting an ideological battle. In this struggle, AIDS was seen as an opportunity to tackle the structural poverty issues caused by the neoliberal world framework. Johnson links the deterioration of healthcare systems to factors like privatization, cuts in government expenditure, and a global power imbalance that continues to expose Africa's vulnerabilities (Johnson 2005, 313). Johnson (2005) and Camp (2015/2016) both examine how the South African government responded to the HIV/AIDS epidemic considering economic

globalization. By reframing HIV/AIDS as a disease rooted in socio-economic inequalities instead of a sexual health matter, the South African state highlighted the persistent cycles of underdevelopment and dependency between the African continent and the “developed world” (Johnson 2005, 309). Nevertheless, Camps (2015/2016) and Johnson (2005) highlight that the South African government chose to align itself economically with the neoliberal economic pressures of globalization, and made the decision to adopt conservative macroeconomic policies. Consequently, the government then used this policy response as a justification for inaction on the HIV/AIDS crisis. Johnson argues that while policymaking on AIDS in South Africa has been influenced by ideology and, to a lesser extent, the harsh realities of the epidemic, the state has tried to challenge the contemporary Western hegemony in the globalization process to assert agency over Africa's problems (Johnson 2005, 329).

Rowden expands upon Johnson's argument by stating that neoliberal development policies diminish a state's capacity to combat HIV/AIDS. Camp highlights the importance of Rowden's book, in which he highlights the importance of capital in development frameworks, which ensures that states are oriented toward the market and prioritize a favorable investment climate over a positive development framework (Rowden 2009). Furthermore, the book emphasizes that developing nations are compelled to follow the directives of international organizations like the World Bank and The International Monetary Fund, which enforce neoliberal policies, and, at the same time, are perpetuating the burden of debt obligations in The Global South (Rowden 2009, 51). Camp elaborates on the role of international pharmaceutical companies and how oligopolistic neoliberalism favors its profit more than the success of developing nations (Camps 2015/2016).

Lee and Zwi (2007) highlight that the neoliberal agenda elevates medicine market prices, in this case HIV, beyond the reach of average South Africans. These corporations focus on high-income countries as their primary market, where both individuals and governments can afford the steep prices, thus maximizing the company revenue (Lee and Zwi 2007). However, this market-driven pricing is unattainable in developing nations, where most of the HIV-positive population resides. Camp elaborates and states that the persistently high costs of ARV drugs reduce the impact of HIV treatments on the AIDS epidemic and slow the expansion of treatment access (Camps 2015/2016). By complying with the neoliberal system and thus by promoting excessive prices, the South African government is prevented from

effectively addressing the HIV and AIDS crisis, as lifesaving medications remain inaccessible to a large portion of the South African population (Camp 2015/2016).

The arguments of Lee, Zwi and Camp's highlights a critical flaw in the South African response to HIV/AIDS, where market-driven policies prioritized profit over human lives. The neoliberal focus on maximizing revenue for pharmaceutical companies not only deepened the divide between wealthy and poor nations but also exacerbated the public health crisis in regions most affected by the epidemic. This intersects with what authors have written about Mbeki's engagement with dissident scientists, as the dissident perspective argues that the crisis is a product of African poverty, compounded by Western racism, colonialism, and underdevelopment. Although this view resists the neoliberal order, it was nevertheless enforced, and exacerbated inequalities, not only by sustaining high drug prices but also by ignoring the deeper socio-economic roots of the pandemic.

Thornton observes that not only in South Africa, but also on the rest of the African continent, Mbeki's push for African unity has resulted in political and economic advancements. Thornton argues that Mbeki's vision and enforcement of the African Renaissance played a pivotal role in shaping the African Union's constitution and its institutions, facilitating peaceful resolutions to numerous violent conflicts across Africa, establishing the New Partnership for Africa's Development, and advocating vigorously at global forums for debt relief from the neoliberal institutions mentioned earlier (Thornton 2008, 172). However, Thornton highlights that Mbeki's efforts to implement the philosophy of 'African Solutions to African Problems' in addressing the AIDS pandemic have exposed its negative impacts. While resisting Western-led economic institutions is a core aspect of Mbeki's political stance, this approach ultimately had disastrous consequences for the country's AIDS crisis (Thornton 2008, 172).

Parkhurst and Lush (2004) have also written about Mbeki's attempts to oppose the dictates of the West and its institutions and how this intersects with dissenting opinions. Although Camp's ideas have already highlighted that Mbeki's mistrust of the West has contributed to the rejection of Western strategies to tackle the AIDS pandemic, Parkhurst and Lush refer to Schneider (2002) who argues that because South Africa is a middle-income nation, South Africa is in many ways self-sufficient, and is under pressure to lead the continent. Parkhurst and Lush argue that South Africa's attempt to find an "African Solution" to the AIDS

pandemic was not only an example in the move away from Western dependency, but also an attempt to be an example for other African countries (Parkhurst and Lush 2004, 1917).

This section has highlighted the intersection between Thabo Mbeki's ideological resistance to neoliberalism and his denialist stance on AIDS. By examining how Mbeki's socio-economic perspectives influenced his engagement with dissident science and shaped South Africa's public health policies, this analysis expands to the understanding of the political and economic context that caused AIDS denialism in the country. While Mbeki's stance was aimed at breaking free from Western dependency the literature demonstrates that this approach had severe and detrimental effects on South Africa's response to the HIV/AIDS crisis. Mbeki's vision of African solutions to African problems became a double-edged sword. The government's adherence to neoliberal policies—focused on aligning with global markets—resulted in insufficient access to critical HIV treatments, intensifying the public health catastrophe. Mbeki's anti-Western stance and the remnants of colonial influence and its effects on AIDS denialism are crucial to understanding the broader context. Therefore, in the next subsection, the connection between colonial legacies and AIDS denialism is discussed, examining how they contributed to AIDS denialism in South Africa.

3.3 Colonial Influences and AIDS Denialism

Similar to other authors stated in the previous subsection, Osaghea (2015) highlights the role of neoliberalism in Mbeki's AIDS policy and applies what has previously been mentioned to “the right to self-determination”. In Osaghea's view, the liberation of Africa cannot materialize without eradicating dependency on foreign aid (Osaghea 2015, 16). According to Wang, Mbeki's rejection of foreign aid in solving the epidemic is in line with Osaghea's belief that foreign aid goes against "liberation" (Wang 2008, 14). Wang contends that Mbeki's political ideology has been oriented towards the liberation of South Africa and Africa in its entirety, as evidenced by the policies of the African National Congress (ANC). Therefore, it is crucial to analyze AIDS denialism within the context of historical legacies of racism and colonialism.

Similarly, in his book *When Bodies Remember* (2007), Fassin explores the political rationale behind Mbeki's dissenting views on AIDS. LeBeau has argued that Fassin's book on AIDS in South Africa provides a sympathetic yet nuanced understanding of President Mbeki's

position on HIV/AIDS (LeBeau 2009, 196). Carton notes that Fassin has made an effort not to take sides while critically engaging in possible reasonings behind Mbeki's AIDS denialism (Carton 2009, 1065). Because of this approach, Fassin's book provides critical insights into the debate. As mentioned in an earlier subsection, dissident science was one of the main factors driving AIDS denialism. Fassin, however, argues Mbeki "was partially right" in his dissident discourse, particularly about the correlation between poverty and AIDS (Fassin 2007, 99). In other words, by focusing on the correlation between poverty and AIDS, Mbeki underscored the idea that the disease does not exist in a vacuum but is deeply intertwined with the inequalities and economic difficulties experienced by many South Africans.

Fassin (2007) argues the political rationalities Mbeki can be traced back to the historical embeddedness of racial inequality in South Africa. Fassin suggests that among the various factors contributing to denialism, the enforcement of disease control laws, whose origins can be traced back to the colonial era, intensified African suspicions surrounding AIDS denialism. By drawing connections to epidemics that occurred during the colonial and apartheid eras, Fassin emphasizes the disproportionate impact of epidemics on black South Africans. He cites specific instances, such as the 1918 flu pandemic, which resulted in 130,000 deaths among the African population (Fassin 2007, 132). Additionally, he discusses the tuberculosis epidemic, noting how black miners were unable to escape the disease's devastating effects (Fassin 2007, 134).

Daniels (2005) elaborates that Mbeki's AIDS denialism and his reluctance to address the HIV/AIDS crisis directly can be interpreted as a response rooted in a post-colonial context, where issues of race, power, and historical injustices shape the discourse surrounding public health crises like HIV/AIDS. Daniels states that Mbeki tries to frame HIV/AIDS as a "social symptom" by framing it as a product of poverty, which is caused by white people through colonial practices (Daniels 2005, 144). In other words, Daniels suggests that Mbeki's emphasis on poverty as the primary cause of the HIV/AIDS epidemic, rather than acknowledging the role of sexual activities in the transmission of the virus, reflects a broader narrative that attributes social and health challenges to the historical injustices perpetuated by colonial powers (Daniels 2005).

Similar to Robins, who laid the link between dissident science and the document "The Humanization of the African", Wang refers to the document and elaborates on the effects of

colonialism on AIDS denialism. The Humanization of the African was an anonymously written document that appeared in ANC circles, and drew from an incident in which teenager Castro Hlongwane was forcefully removed from a caravan park in Durban (The Humanization of the African 2002). The park was mostly visited by white South Africans, and according to the document, the reason for Castro's removal was because a white South African woman suggested Castro had AIDS and would rape other visitors of the park (Wang 2008, 5; The Humanization of the African, 2002).

Wang (2005) argues Mbeki's denialism is a reactionary response to the dehumanization of Africans and neocolonialist practices (Wang 2008, 13). She directly links the AIDS policy response to "The African Renaissance", which she describes as "finding a cure for African problems" (Wang 2008, 5). She states that AIDS denialism can be understood as "a political contest between the postcolonial struggle for state sovereignty and the economic apparatus of international development" (Wang 2008, 15). Wang's postcolonial perspectives on Mbeki's AIDS discourse illustrate how discussions about AIDS have become entangled with racism, promoting a narrative of Black male danger linked to disease. She uses the works of Fanon (1959), and his theories are employed to critique the racialized discourse surrounding the AIDS epidemic. Wang suggests that Mbeki's policies are an attempt to deconstruct colonial attitudes, where African lives are devalued, and African suffering is minimized or ignored.

This section of the literature review is crucial to the thesis as it connects Mbeki's AIDS denialism to the lingering effects of colonialism, showing that his rejection of Western scientific consensus was rooted in a broader struggle for African sovereignty. By framing his stance within the context of postcolonial resistance, the literature review shows how Mbeki's policies were influenced by a desire to reclaim African self-determination, offering a deeper understanding of the ideology that has shaped South Africa's AIDS denialism

4. Theoretical Framework & Methodology

In the previous chapter, key themes related to AIDS denialism were identified, including dissident science, socio-economic factors, and the historical legacies of colonialism. The literature review reveals that these policies were not solely shaped by scientific dissent or economic considerations but were linked to broader postcolonial power dynamics and Mbeki's commitment to African sovereignty. The purpose of this thesis is to examine how South Africa's denialist policies towards the HIV/AIDS pandemic can be understood through the worldview of Mbeki. Consequently, a Postcolonial Critical Discourse Analysis has been selected as the appropriate methodological approach for the first section of the analysis.

4.1 Postcolonial Theory and Relevant Themes

Postcolonial theory explores how colonialism and empire shaped global structures, asserting that understanding the current world order requires accounting for the legacies of imperialism and colonialism across various spheres including politics and science (Seth 2016, 174). Although postcolonial analyses take many forms, for this paper, two elements central to postcolonial theory will be used, namely constructing “the Other”, and economic dependency. These themes will briefly be explained and contextualized within the AIDS denialist discourse.

4.1.1 Theme: “the Other”

The theme of "othering" is central to postcolonial theory, highlighting how colonial powers construct and maintain hierarchical relationships through discursive practices. Postcolonial power dynamics create categories of otherness that continue to shape African societies and their interactions with the global community today (Mbembe 2001). The construction or portrayal of "the Other", is used to validate colonial dominance by depicting non-western societies as exotic, backward, and uncivilized, in contrast to the rational and superior West (Said 1978).

The constant portrayal of the colonized as the "Other" leads to internalized feelings of inferiority and creates psychological and social divisions (Fanon 1952/1961). This dynamic has lasting effects in postcolonial states, undermining the colonized people's sense of identity

and autonomy. This thesis will explore how Mbeki addresses and counters “the othering” of Africa, particularly in relation to the portrayal of Africa as a continent plagued by backwardness, yet, at the same time, engages in “othering” through “Africanization”. The analysis will also consider how Mbeki deconstructs Western narratives, challenging binary constructions that aim to underrepresent African societies. The concept of "othering" is thus relevant to this research as it offers a lens to analyze how Mbeki’s discourse on HIV/AIDS both resists Western dominance and asserts African identity.

4.1.2 Theme: Economic Inequality

From the literature review, it has become clear that the neoliberal world order was not aligned with Mbeki’s vision for African self-reliance. The economic systems dominated by the West have negatively impacted African societies, for example, by fostering enduring cycles of exploitation and dependency after African administrative decolonization. It has been pointed out that former colonies remain economically dependent on former colonial powers and other developed nations (Eze 2010). This dependency is maintained through unequal trade relationships, debt, and the influence of multinational corporations.

African states' struggles with development are often linked to their dependency on Western systems (Iwara 2015). The reliance on these systems, both ideologically and practically, has stifled indigenous methods of addressing societal challenges. In the realm of global health governance, this dependency has limited the ability of African nations to implement local solutions to crises like HIV/AIDS. To understand the dependency between “The Global South” and “The Global North”, it is necessary to look at the employed mechanisms by the West, for example through its institutions (Parker 2004, 29). By applying the theme of economic inequality, this research can explore how Mbeki’s policies were shaped by his desire to resist Western dominance, in particular through its institutions, and how this resistance impacted South Africa’s response to the HIV/AIDS crisis in a negative way.

4.2. Fairclough's Critical Discourse Analysis

The previous section has highlighted the relevance of postcolonial theory to this research, as it seeks to explore the impact of colonialism on various aspects of life, including science and politics. Critical Discourse Analysis (CDA) is a methodological approach that tries to reveal hidden meanings in texts or communication. This study uses Fairclough's Critical Discourse Analysis (CDA) to examine Thabo Mbeki's speech, as it effectively links the text's linguistic features to its social context (Hussain 2020). Fairclough's approach puts forward the idea that language can mobilize change in behavior; language thus becomes a power tool (Shabbir 2018). It integrates linguistic analysis with social theory to explore the relationship between language and society. Each dimension offers a unique but integral understanding of how the discourse is shaped by social structures (Durmaz 2022). A visual representation of the method can be found in *Figure 1* on page 26.

Incorporating a postcolonial approach into Fairclough's Critical Discourse Analysis (CDA) framework provides a strong perspective for analyzing Thabo Mbeki's address at The 13th International AIDS Conference. By integrating postcolonial insights, Fairclough's CDA gains depth in examining how language constructs are influenced by colonialism. In this context, vocabulary is not just a linguistic choice but a tool that reflects historical hegemonies and perpetuates current power indifferences, which will become visible through the process of "othering". A potential limitation of applying a discourse analysis in this study is that certain elements, such as uncovering "hidden meanings" within the text, are subjective. As these interpretations rely on the researcher's perspective and contextual understanding, there is a possibility that others may arrive at different conclusions or uncover alternative meanings.

Fairclough (2001) argues that social context shapes how texts are produced and understood, while the discourse reflects the speaker's ideology (Ghani 2021). Therefore, analyzing Mbeki's speech provides insight into his worldview. For this thesis, the methodology has been abbreviated to fit within the maximum word limit while including all of Fairclough's essential points. The transcript of the speech is provided in [Appendix A](#). The link to the appendices can be found in the last chapter of the thesis. Each line of the speech has been numbered for referencing purposes and in the analysis, references to the appendix will be referenced as "(A. line number)". The following section provides a brief overview of Fairclough's model in the context of the thesis. In analyzing the speech, each of the three

dimensions is examined separately. However, in the discussion section the analysis is organized around three key themes; "Othering, Binaries and Dehumanization", "Economic Inequality and Dependency", and "African agency".

4.2.1 Applying Fairclough's CDA to Mbeki's Speech

Text Analysis (Description):

This dimension focuses on the linguistic features of the text, including vocabulary, grammar, cohesion, and text structure. Software programs (Python and ChatGPT) have been used to calculate word frequency and density. This data can be found in [Appendix B](#). Key aspects will be analyzed in this section, including the use of vocabulary, metaphors, and pronouns.

Discursive Practice

(Interpretation):

This involves examining how the text is produced by analyzing the producer, in this case Thabo Mbeki.

It includes analyzing how Mbeki draws on various discourses (e.g., scientific,

political, and social). For this part of the analysis, Gevisser's bibliography "The Dream Deferred" (2007) will be used to analyze the producer.

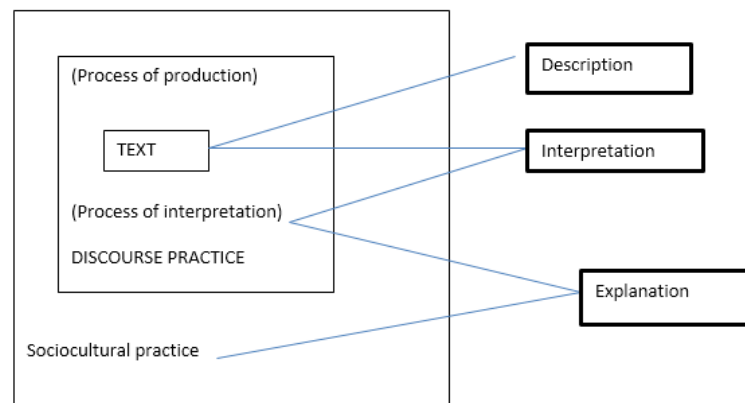


Figure 1; Fairclough's Critical Discourse Analysis (Shabbir 2018)

Socio-cultural Practice (Explanation):

This dimension will situate the text within broader social and cultural contexts, exploring how it reflects and impacts social structures and power relations relating to themes mentioned in the theoretical framework, namely the construct of "the Other" and economic inequality. It also involves considering historical, political, and economic contexts, particularly the legacy of colonialism and apartheid in South Africa.

5. Mbeki's Worldview and the Ideological Foundations of AIDS Denialism

This chapter conducts a Postcolonial Critical Discourse Analysis of Thabo Mbeki's 2000 International AIDS Conference speech, exploring how his worldview shaped South Africa's response to the HIV/AIDS crisis. The analysis is structured around three key themes in which Fairclough's dimensions are integrated, namely: Othering, Binaries, and Dehumanization; Economic Inequality and Dependency; and African Agency. To deepen the analysis, references are made to Mbeki's "I am an African" speech and the document "The Humanization of the African," which provide further insight into his broader discourse and ideological stance.

5.1 Othering, Binaries and Dehumanization

The theme of constructing "the Other", as explained in the theoretical framework, explores how colonial powers depicted colonized populations as inferior, exotic, and dependent. Mbeki's speech actively challenges colonial narratives by asserting African agency, similar to his engagement with dissident scientists which had the aim to reclaim African knowledge systems, as discussed by Gumede (2007) and Natrass (2012). Mbeki's references to African identity and resilience are important in reconstructing a positive self-image for the continent. In the speech, he speaks of the recent democratic achievements in South Africa, stating, "*You meet in a country to whose citizens freedom and democracy are but very new gifts. For us, freedom and democracy are only six years old.*" (A.8). Mbeki's reference to South Africa's fight for democracy highlights the country's hard-won freedom and counters the colonial image of Africa as stagnant. By celebrating African successes and potential, his speech challenges the notion of Africa as "the Other." He also highlights the fact that South Africa's freedom is fragile, which, in the context of this thesis, can be seen as the freedom to make independent policy decisions, including on AIDS.

[Appendix B, Figure 2](#) shows Mbeki's frequent use of the words "people" (18 times) and "life" (15 times). By doing this, Mbeki personalizes the issue, shifting the focus from abstract statistics to real human lives affected by HIV/AIDS. The terms "health" and "life" emphasize the fundamental stakes involved, framing the epidemic as a matter of survival and well-being.

“The certainty that we will achieve a better life for all our people, whatever the difficulties, is only half-a-dozen years old.” (A.9).

Next to “humanizing”, in his speech, by focusing on "life," Mbeki frames the discussion around the fundamental human right to a healthy and dignified life, reinforcing the moral imperative to address the epidemic comprehensively. The repeated use of "world" (29 times) in Mbeki's speech highlights his emphasis on the global nature of the HIV/AIDS epidemic. Mbeki stresses that this is not just an African issue, or an “our” problem, but a universal challenge that requires a collective international, collective, response.

However, interestingly, the speaker categorizes different “worlds”. The word takes multiple forms, such as “developing world” (A.22), “developed world” (A.34), “African world” (A.35), and “common world” (A.38). At the same time, Mbeki makes a distinction between our “peoples,” which he refers to (South) Africans and “other” people. In the examples below, “our people” refers to (South) Africans. It becomes evident that Mbeki is distinguishing between different worlds and drawing attention to binaries such as underdeveloped/developed and “self” versus “other” and is, therefore, himself engaging in the construction of binaries. Other examples of distinguishing between (South) African people and “other” people can be found throughout the transcript.

“The people of our continent” (A.6)

“The people of South Africa” (A.4)

“Our people” (A.9/A.17/A.40/A.48/A.52/A.59)

Appendix B, Figure 4 clearly shows that “our” is the most common possessive pronoun used by Mbeki. By using this pronoun, often in combination with the word “people”, Mbeki highlights what is “ours” and “theirs” and thereby clearly defines what people belong to “us” and what people do not. It thus becomes clear that although Mbeki is trying to resist the othering of Africa, he is constructing these binaries. Mbeki’s statement: *“You will not see the South African and African world of the poverty of which the WHO spoke, in which AIDS thrives - a partner with poverty, suffering, social disadvantage and inequity.” (A.35)* is a clear example of the differences in experiences of “us” and “them”.

Thabo Mbeki uses the word "developed" ([5 times](#)) in the speech to draw distinctions between the conditions in developed countries and those in developing or less developed countries, highlighting disparities in health outcomes and resources. For example:

"Every year in the developing world 12.2 million children under 5 years die, most of them from causes which could be prevented for just a few US cents per child. They die largely because of world indifference, but most of all they die because they are poor... Beneath the heartening facts about decreased mortality and increasing life expectancy, and many other undoubted health advances, lie unacceptable disparities in wealth." ([A.22](#))

Mbeki uses "developed" to contrast the wealth and health resources available in developed countries with the severe shortages and health crises faced by developing countries, and as highlighted in the previous subsection, to distinguish what problems are “theirs” and “ours,” thus engaging in the production of binaries. This contrast highlights the differences and inequalities on a global scale, reinforcing his broader message about the socio-economic factors that exacerbate the HIV/AIDS epidemic in Africa.

Mbeki elaborates on this contrast by providing specific examples;

"A flight between France and Cote d'Ivoire takes only a few hours, but it spans almost 26 years of life expectancy. A short air trip between Florida in the USA and Haiti represents a life expectancy gap of over 19 years..." ([A.27](#))

"In the space of a day passengers flying from Japan to Uganda leave the country with the world's highest life expectancy - almost 79 years - and land in one with the world's lowest - barely 42 years. A day away by plane, but half a lifetime's difference on the ground." ([A.27](#))

Mbeki uses these specific examples of life expectancy disparities between developed and developing countries to highlight the global inequalities. By contrasting short flights with significant differences in life expectancy, he makes the issue relatable. The information above clearly indicates global inequalities play an important role in Mbeki's worldview.

5.1.2 The Humanization of the African; Castro Hlongwane Document.

In analyzing Mbeki's speech, it becomes clear that his rhetoric serves dual purposes: it both resists and reinforces the othering of Africa. Mbeki challenges colonial narratives by asserting African agency and identity, aligning his speech with his broader vision of the African Renaissance. However, by emphasizing distinctions between "our people" and others, Mbeki also constructs binaries, inadvertently contributing to the discourse he aims to dismantle. As Robins (2004) and Wang (2008) have pointed out, the document *The Humanization of the African* serves as an important piece of Mbeki's narrative. Robins elaborates that this document is an example of how nationalist intellectuals from the Third World actively contest what they perceive as 'Western ethnocentrism', but it also becomes increasingly clear that the document is a response to the "dehumanization" Africans have been subject to, and that the document itself also makes a clear distinction between "us" Africans, and "them", or the West.

In chapter I of the *The Humanization of the African* the author states: "*The war to defeat AIDS is also a war to defeat the humiliation and dehumanisation of the African people.*" ([The Humanization of the African](#)). This statement reflects Thabo Mbeki's in the AIDS speech in which he links the HIV/AIDS pandemic to the battle of countering the dehumanization of Africans. Similar patterns are visible throughout the entire document, in which Africa's struggles, such as the HIV/AIDS crisis, are highlighted to be the result of not internal issues but are largely the result of external influences, particularly from Western pharmaceutical companies and global health organizations ([The Humanization of the African](#)). By doing so, the document similarly constructs a binary where the West represents power, exploitation, and dehumanization, and Africa embodies victimhood, moral superiority, and a search for autonomy.

In Mbeki's speech and beyond, he resists colonial narratives of African inferiority and constructs new binaries by distinguishing between African and Western experiences. While he emphasizes African agency and success, he also contrasts developed and developing worlds, reinforcing divisions. This duality reflects the complexity of Mbeki's discourse, where resistance to dehumanization is paired with the creation of new (economic) divides, setting the stage for the next subchapter on economic inequality.

5.2 Economic Inequality and Dependency

This subsection addresses the theme economic inequality and dependency. To contextualize this, it is particularly important to look at Mbeki's personal and political background and how this has influenced his economic focus. In the aftermath of the Sharpeville massacre and the subsequent prohibition of the ANC, Mbeki went into exile in 1962 (Gevisser 2007, 174). Mbeki has pursued higher education and political activities across several different countries, broadening his perspectives. He earned a master's degree in economics and development from the University of Sussex in the UK. (Gevisser 2007, 198). Sussex is widely regarded as a left-leaning, development-oriented institution, known for its focus on social justice and global inequalities ([The Badger 2016](#)). This environment likely influenced Mbeki's views on development, particularly the relationship between poverty and health. His academic work provided him with a thorough understanding of the socio-economic factors influencing health and development.

This intellectual foundation is evident in his speech, where he emphasizes the importance of addressing poverty and inequality to combat the HIV/AIDS epidemic. He states, "*Poverty is the main reason why babies are not vaccinated, why clean water and sanitation are not provided, why curative drugs and other treatments are unavailable and why mothers die in childbirth.*" ([A.22](#)). Mbeki's emphasis on poverty in his speech reflects his broader critique of neoliberalism as highlighted by Johnson (2005) and his belief that HIV/AIDS is symptomatic of deeper socio-economic inequalities, which is in line with his academic career. A significant aspect of Mbeki's political education was in the Soviet Union, where he underwent Marxist-Leninist political education at the Lenin Institute (Gevisser 2007, 268). This training was part of a broader ANC strategy to equip its leaders with the skills needed for both political and military leadership. Although Mbeki was more inclined towards political leadership, his time in the Soviet Union deepened his ideological commitment to socialism and anti-colonialism, both key to the Soviet Union's foreign policy agenda. This ideological training influenced his views on Western intervention and his emphasis on (economic) African self-reliance, which is reflected in his speech.

Mbeki played a key role in implementing the 1996 GEAR program under Mandela, focusing on economic stability through liberalization and deregulation to drive growth and attract foreign investment. Several authors such as Pottinger and Vale have argued that GEAR

served as an example for Western countries that African nations had the ability to effectively govern contemporary governments, and that this message was one Mbeki was eager to showcase (Vale 2009, 450; Pottinger 2008, 70). Mbeki's involvement in GEAR demonstrates his familiarity with complex economic themes and his ability to navigate international economic expectations. This background in economic policymaking likely influenced his approach to HIV/AIDS, where balancing economic stability with public health needs became a challenge.

In his speech, Mbeki indirectly addresses the long-lasting economic impacts of colonialism, which is in line with the arguments of Fassin (2007) and Daniels (2005), who suggest that Mbeki's stance on HIV/AIDS was influenced by a desire to resist the enduring legacies of colonial exploitation and economic dependency. Mbeki highlights the connection between poverty and health outcomes, emphasizing that *"Poverty is a major contributor to mental illness, stress, suicide, family disintegration and substance abuse. Every year in the developing world 12.2 million children under 5 years die, most of them from causes which could be prevented for just a few US cents per child."* (A.22). This statement underscores the economic inequalities that continue to affect African societies, reflecting the structural inequities established during colonial rule. In the I am an African speech similar (indirect) references to the colonial past are made;

"I am the child of Nongqause. I am he who made it possible to trade in the world markets in diamonds, in gold, in the same food for which my stomach yearns." (*I Am an African, 1996*)

This line can be interpreted as a critique of the global economic system, where Africa's resources are exploited, yet Africans' stomachs remain "yearning." It reflects the theme of economic inequality, which has been applied in the previous subsections. Western powers continue to dominate global trade and have a history of exploiting African resources. Mbeki's African Renaissance calls for breaking these cycles of exploitation and fostering economic independence. This passage, although subtly, critiques the lingering effects of colonial economic structures that continue to impoverish Africa despite its wealth of resources.

As highlighted by Eze (2010), former colonies remain economically dependent on former colonial powers and other developed nations. This dependency is maintained through unequal trade relationships, debt, and the influence of multinational corporations (Eze, 2010).

Mbeki's speech can be seen as an attempt to break this cycle by advocating for African self-reliance and regional cooperation. Authors such as Vale have already mentioned Mbeki's presidency was characterized by his pan-Africanist approach to governance. His emphasis on addressing poverty and improving socio-economic conditions aligns with the need to challenge and transform these entrenched dependency structures. Mbeki's call for self-reliance is evident when he states:

"The peoples of our Continent will therefore be closely interested in your work. They expect that out of this extraordinary gathering will come a message and a programme of action that will assist them to disperse the menacing and frightening clouds that hang over all of us as a result of the AIDS epidemic." [\(A.7\)](#)

By emphasizing the importance of African-led solutions to the HIV/AIDS crisis, or what Brophy calls "Africanization" Mbeki underscores the need for African nations to take control of their own destinies rather than relying on external aid and intervention. This is in line with what Osaghea has argued that Mbeki's approach is in line with the idea that "the liberation of Africa cannot materialize without eradicating dependency on foreign aid" (Osaghea 2015, 16). In this light, Mbeki's speech at the AIDS conference is not solely a commentary on the health crisis but a broader political statement about African empowerment and economic independence.

Mbeki further links HIV/AIDS to socio-economic conditions, by frequently mentioning the word "poverty" (10 times) as shown in [Appendix B, Figure 4](#). It reflects his broader critique of the socioeconomic determinants of health and the need for a comprehensive approach that goes beyond (scientific) medical interventions. By emphasizing "poverty," Mbeki highlights the root cause of many health issues, including HIV/AIDS. He argues that poverty is the underlying factor that exacerbates the spread of the virus and limits the ability of individuals and communities to access adequate healthcare and preventive measures. This focus on poverty shifts the conversation from solely medical solutions to broader socio-economic reforms. For example, Mbeki asserts, *"Poverty leads to lack of vaccinations for babies, absence of clean water and sanitation, unavailability of curative drugs and other treatments, and maternal mortality during childbirth."* [\(A.22\)](#). By doing so, Mbeki directly links the prevalence of HIV/AIDS in (South) Africa to poverty, suggesting that economic conditions are a major factor in the spread and impact of the disease. Another example of this reference is:

"You will not see the South African and African world of the poverty ... in which AIDS thrives - a partner with poverty, suffering, social disadvantage and inequity." [\(A.35\)](#)

In *The Humanization of the African* the connection between socio-economic conditions and AIDS is a reoccurring theme. Chapter 3 of the document states: *"Why do they (the West) discount poverty as one of the most obvious causes of immune deficiency?"* [\(The Humanization of the African\)](#). The document elaborates, arguing that often attributed to HIV, the causes of AIDS could also be due to a range of other factors, such as malnutrition, parasitic infections, and other diseases prevalent in the region. Similar to what Mbeki has done in the speech, this document argues the causes of AIDS are linked to underdevelopment rather than HIV alone. His words; *"The world's biggest killer and the greatest cause of ill-health and suffering across the globe is listed almost at the end of the International Classification of Diseases. It is given the code Z59.5 - extreme poverty."* [\(A.42\)](#) are clearly in line with *The Humanization of the African* which further portrays the economic disparities as the main cause of the AIDS pandemic.

Mbeki's speech on HIV/AIDS connects the epidemic to the economic inequalities between Africa and the West, portraying poverty as the primary driver of the disease. His references to poverty and underdevelopment challenge the (Western) scientific understanding of AIDS, instead arguing that socio-economic conditions play a significant role in health crises. By addressing these inequalities, Mbeki critiques global economic structures that perpetuate dependency and exploitation, positioning his speech as a broader political statement on African self-reliance. This sets the stage for the next theme, African agency, in which Mbeki's ideas to promote African-led solutions to reclaim control over health and development are analyzed.

5.3 African Agency

As shown in the previous subchapter, Mbeki's discourse is characterized by efforts to promote economic growth, social development, and in particular, a strong stance on African self-reliance and unity. Authors have highlighted that Mbeki's presidency was marked by a robust foreign policy agenda, emphasizing Pan-Africanism and self-sufficiency (Vale 2009). Mbeki championed the New Partnership for Africa's Development (NEPAD) and was instrumental in the formation of the African Union (AU). At the AU, he served as its inaugural chairperson and advocated for greater African solidarity and reduced reliance on Western aid (Vale 2009). Mbeki's foreign policy of "quiet diplomacy" toward Zimbabwe, which favored gradual reform and dialogue over publicly condemning Mugabe, reflected his commitment to African unity and resistance to Western interference. (Gevisser 2007, 434). Mbeki's efforts in multilateral cooperation, including the establishment of the African Peer Review Mechanism and his roles concerning the Non-Aligned Movement and the IBSA Dialogue Forum, underscored his dedication to elevating Africa's position on the global stage and fostering South-South cooperation.

His speech at the AIDS conference reflects these pan-African ideals, calling for African unity in addressing the HIV/AIDS crisis: *"As I listened even longer to this tale of human woe, I heard the name recur with frightening frequency - Africa, Africa, Africa!"* (A.46). As shown in [Appendix B, Figure 2](#), the terms "Africa", "African" and "Africans" appear numerous times throughout the speech, indicating the emphasis Mbeki puts on the geographical and cultural context. Mbeki starts by welcoming the participants to Africa, underscoring the significance of the conference being held on the continent for the first time (A.5). It becomes clear Mbeki's repeated references to "Africa" and "Africans" serve a specific purpose, namely emphasizing the continent's challenges and asserting its ability to address its own issues.

These findings align with Mbeki's broader political and cultural vision of an African Renaissance, as discussed by, amongst others, Thornton (2008) and Wang (2008). Thornton has emphasized that Mbeki's call for African-led solutions reflects his broader vision of an African Renaissance. By positioning Africa as capable and resilient in the speech, Mbeki works to dismantle the constructed image of Africa as perpetually dependent on the West. This dual approach highlights the complexities in Mbeki's discourse, as it tries to find a balance between reclaiming African agency and confronting the persistent global inequalities.

In the literature review, the work of Robins (2004) pointed out how Mbeki's engagement with dissident science and his resistance to Western scientific paradigms were connected to his anti-colonial ideology and The African Renaissance. Mbeki viewed HIV/AIDS science as a continuation of colonialism's attempt to undermine African autonomy, and as visible in the speech, it becomes increasingly clear his response to AIDS is an attempt to reassert the continent's agency. As Bongmba argues, The African Renaissance is not merely an attempt to give more cultural value to Africa, but also an attempt to boost social and economic development on the continent (Bongmba 2004, 306). In the next subsection, his "I am an African" speech will be reflected on in the context of the HIV/AIDS pandemic to further illustrate the important role of The African Renaissance in the worldview of Mbeki.

3.2 Mbeki's "I am an African" Speech

A key piece in the larger imagination to conceive (South) Africa and (South)African identity, the African Renaissance, and to build independent African intellectual thought was Mbeki's "I am an African" speech, delivered during the adoption of South Africa's democratic Constitution. In this speech, Mbeki asserts the need to dismantle the historical subjugation in order to redefine the African identity. Mokhoathi's (2022) article; *I am an African: A Philosophical Enquiry of Identity and Culture* explores the issues surrounding African identity and culture in relation to this speech of Mbeki. He does so by using the term "Afrocentricity", which Asante describes as a theoretical framework that aims to place the experiences and individuals of Africa and its diaspora at the focal point of their own historical, cultural, and social realities (Asante 2007, 17). Mokhoathi elaborates; "being an African goes beyond the mere privilege of being born in Africa; instead, it is the knowledge or apprehension of self in relation to other factors including historical developments" (Mokhoathi 2022, 97).

Mbeki's skepticism of the HIV-AIDS link can be understood as part of a broader resistance to Western dominance, rooted in his desire to assert an African identity that is self-determined rather than imposed. As Mokhoathi suggests, African identity involves awareness of historical contexts, including those of colonialism. Mbeki's stance on HIV/AIDS is consistent with his broader vision of an African Renaissance, where Africa defines its own path, this visible in different parts of the I am an African speech. Similar conclusions can be drawn

from passages of this speech to those of Mbeki's speech at the International AIDS Conference. Some examples are;

"I am formed of the migrants who left Europe to find a new home on our native land. Whatever their own actions, they remain still, part of me." [\(I am an African, 1996\)](#)

In this passage, Mbeki acknowledges the history of colonialism and migration that shaped (South) African society. This recognition is central to Asante's "Afrocentricity" and Mbeki's African Renaissance, which seeks to integrate Africa's past, including the legacy of colonialism, into a new, cohesive identity and solutions. This is in line with the previous findings in Mbeki's AIDS speech in which Mbeki urges African nations to reclaim their agency and develop solutions rooted in their own cultural and historical contexts, rather than relying on Western paradigms that have historically oppressed them. Mbeki elaborates;

"We are assembled here today to mark their victory in acquiring and exercising their right to formulate their own definition of what it means to be African." [\(I am an African, 1996\)](#)

This statement is particularly interesting as it ties the adoption of the Constitution in South Africa to the broader project of self-definition, one of the core elements of the African Renaissance, as mentioned by Thornton (2008). The Constitution symbolizes the legal framework through which South Africans have made progress in defining their own identity free from the impositions of colonial and apartheid-era definitions.

Mokhoathi highlights external definitions of African identity, as an example Mokhoathi argues that *"Africans have never referred to themselves as blacks. This is an otherly description designed by non-Africans in order to classify Africans as ethnically black."* (Mokhoathi 2022, 98). Just as Mokhoathi critiques external definitions of African identity, Mbeki rejected external definitions of the HIV/AIDS crisis that he felt did not account for the unique socio-economic and historical conditions in Africa. This rejection is consistent with Mbeki's broader worldview, which seeks to resist external impositions and assert an African identity that is self-determined, and is in line with Asante's definition of "Afrocentricity".

Applying this to Mbeki's approach to the HIV/AIDS crisis within the framework of "dissident science", where Mbeki positioned himself and his policies in opposition to the

dominant scientific consensus and thereby challenged the “external definitions” of the AIDS crisis established by the West. It can be argued Mbeki's skepticism of the established scientific consensus—that HIV causes AIDS—was significantly influenced by postcolonialist philosophies through which Mbeki was able to justify the catastrophic public health policy (Kowalenko 2015, 441). Kowalenko highlights the necessity of a balanced approach that recognizes (1), the value of postcolonial critiques in understanding historical and social contexts (2), while also acknowledging the dangers of allowing these critiques to override scientific consensus in critical areas like public health (Kowalenko 2015). Mbeki's policies serve as a prime example of what happens when the epistemology of science is subordinated to political ideology.

This chapter has shown Mbeki's discourse, including both his presidency and his speeches such as "I am an African" and the address at the AIDS Conference, underscores his broader vision of African self-reliance and unity. His advocacy for African-led solutions, reflected in initiatives like NEPAD and the African Union, sought to challenge Western dominance and redefine Africa's role on the global stage. In his AIDS Conference speech, Mbeki positioned the HIV/AIDS crisis within the context of Africa's historical and socio-economic challenges, resisting the external definitions imposed by the West. Similarly, in his I am an African speech, he emphasized the importance of Africans defining their own identity. In doing so, Mbeki sought not only to assert Africa's agency but to rewrite the global narrative, positioning Africa as an active agent in shaping its own future rather than a passive subject of Western intervention.

Conclusion

In this thesis, the research question— "How can South Africa's denialist policies towards the HIV/AIDS pandemic from 1999-2003 be understood through the worldview of Thabo Mbeki?"—is answered through a nuanced understanding of Mbeki's efforts to assert African agency in the face of Western scientific and political dominance. Mbeki's resistance to the mainstream scientific consensus, particularly the causal link between HIV and AIDS, is intertwined with his political and ideological goals of positioning Africa as self-reliant, resilient, and independent from Western-imposed solutions and narratives.

A significant element that shaped these policies was Mbeki's personal role as a leader. The research has highlighted that individuals, particularly heads of state, play a critical role in shaping national policies. Mbeki's personal beliefs, rooted in his historical and political context, influenced South Africa's approach to the AIDS pandemic. This thesis underscores the need to account for the individual agency of leaders when analyzing state policies, especially in the Global South, where leadership often intersects with historical narratives of colonialism, national identity, and autonomy. Mbeki's position as a political actor shows how individual worldviews can influence not only national policy but also global (health) policies.

This thesis also sheds light on the broader implications of Mbeki's policies, particularly how they reinforced the "Africanization" of the AIDS pandemic. As Sara Brophy discusses in *AIDS Testimonial Writing and Unresolved Grief*, the crisis became increasingly seen as an "African" problem, allowing the global discourse to shift focus away from the ongoing devastation in Africa (Brophy 2016). Mbeki's denialism furthered this narrative, leading to a dangerous complacency in the global health response, where the crisis was perceived as "over" in the West, despite its continued impact on Africa.

Mbeki's worldview, as explored in his AIDS Conference speech and further reflected in *The Humanization of the African* and his *I am an African* speech, was shaped by postcolonial realities. His skepticism of Western medicine and HIV science was not simply about rejecting the science itself but was rooted in a broader critique of Western dominance over Africa. Mbeki's resistance to Western scientific consensus and his broader stance in global governance reflect the positions of many states in the Global South regarding geopolitical issues. Similar patterns of defiance can be seen in the stances taken by Global South countries

on issues beyond global health such as the Israeli-Palestinian conflict. Many Global South states, like South Africa under Mbeki, view Western-dominated global governance structures as extensions of historical oppression, leading to their resistance to what may seem like “commonsense” approaches from the perspective of the Global North.

Although the findings of this study cannot be generalized beyond the specific case of South Africa under Mbeki, it raises important questions about contemporary and future health crises. The dynamics explored in this thesis are reflected in more recent pandemics, such as COVID-19 and Mpox, where the global health governance system continues to face similar challenges, such as the politicization of vaccines ([NRC, 2024](#)) and the perspectives from the Global South are marginalized or disregarded (Seekings and Natrass 2020, 106).

Furthermore, Mbeki’s narrative on AIDS not only exacerbated the AIDS crisis in South Africa, but also reinforced the broader narrative that AIDS was an “African” problem, further distancing the issue of HIV/AIDS, and the Africans living with HIV/AIDS, from the global health agenda.

In light of this thesis, there are several key recommendations for managing future pandemics and guiding future research. First, it is crucial that global health responses (continue to) incorporate local knowledge from the Global South and avoid relying solely on Western paradigms to ensure that health measures are tailored to local contexts. Institutions like the WHO should engage actively with local scientists and policymakers in regions affected by pandemics to build trust and improve the effectiveness of interventions. Second, future research should continue to explore how political ideologies and postcolonial legacies influence (health) policy decisions. As highlighted in this case, Mbeki’s skepticism of Western science had catastrophic consequences, but it also reflected deeper socio-political concerns about African autonomy. Research that investigates these dynamics in other regions or during newer crises, such as in relation to COVID-19 and Mpox, can provide valuable insights for balancing scientific consensus with cultural and historical sensitivities.

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Link to Appendices

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