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## Contesting the Role of Social Movements in Post-Apartheid South Africa: The Treatment Action Campaign

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# Contesting the Role of Social Movements in Post-Apartheid South Africa: The Treatment Action Campaign<sup>1</sup>

*Rina M. Alluri*

## Abstract

This article contests the role of social actors within a democratic context by looking at post-apartheid social movements in general and the case study of the Treatment Action Campaign in particular. By illustrating the structure, activities, goals and accomplishments of the Treatment Action Campaign up until the end of 2006, this work will argue that it represents an innovation in social movements in South Africa via its unique strategies and networks that have transformed the issue of HIV/AIDS from a health and service delivery problem, to a political and economic struggle that affects all people. The comparison between primary research conducted in the TAC National Office and interviewing other civil society actors with secondary material on social movements and the South African environment demonstrates that there is often a gap between theory and practice. Further the debate surrounding the ‘naming’ of social movements in South Africa raises questions around the accuracy of the terminology used to describe such groups and organizations which aim towards social transformation via a variety of approaches and techniques. It argues that the use of social movement theory according to Porta and Diani (1999) and others is essential in analyzing the characteristics of a social movement but not adequate.

## About the author

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<sup>1</sup> This working paper is based on the author’s research paper written in compliance with the requirements for obtaining the degree of Masters of Arts in Development Studies at the Institute of Social Studies, finalized in December 2006.

## INTRODUCTION

As I listened to this tale of human woe, I heard the name recur with frightening frequency, Africa, Africa, Africa! As I listened and heard the whole story told about our country, it seemed to me that we could not blame everything on a single virus. The world's biggest killer and the greatest cause of ill health and suffering across the globe, including South Africa, is extreme poverty. (Mbeki, 2000)

According to the UNAIDS 2006 Report on the global AIDS epidemic, South Africa has an HIV prevalence rate of 18.8% and 5.5 million adults and children living with HIV/AIDS, displaying one of the worst prevalence rates in the world (UNAIDS, 2006: 505-6). While the health budget of South Africa has increased from R9.8 billion in 2005/6 to 11.2 billion in 2006/7, the allocation of resources on HIV/AIDS interventions has not been implemented in other social sectors such as governance and education (Ndlovu, 2006:1). Despite the extent of the HIV/AIDS epidemic in South Africa, there continues to be widespread denialism in the government on the cause of the disease, how best to prevent it and how to cure it.

Unlike many other African countries, the problem of addressing HIV/AIDS in South Africa is not a resource problem but one of strong leadership and political will. In the face of one of the world's worst AIDS epidemics, the President of South Africa continues to question whether the scientific findings on the causal relationship between HIV and AIDS are accurate (Mattes, 2002:28). His employment of dissident scientists who have also challenged this relation, as well as the effectiveness, if any, of anti-retroviral treatment for AIDS patients has rubber-stamped him as an AIDS denialist (See Greenstein, 2003; Mbali, 2004).

From a democracy perspective, it must be acknowledged that 'the HIV/AIDS epidemic threatens to make consolidation even more difficult, if not completely unobtainable [...] the burdens of the epidemic may so strain political systems as to trigger powerful processes that lead to democratic backsliding and reversal' (Mattes, 2003:2). While the ANC advocates for the importance of focusing on macroeconomic policies for country stability, it has been estimated that by 2010 South Africa 'is likely to have a real Gross Domestic Product (GDP) 17% lower than what it would have been without AIDS' (Pharaoh and Schönteich, 2003:9). For that reason, HIV/AIDS is no longer simply a health issue, but it has an impact on 'both the ability of citizens to participate in democratic processes and the ability of governments to fulfill their functions and responsibilities' (World Movement for Democracy, 2004).

The Health Minister Manto Tshabalala-Msimang has been disputed on numerous occasions by activists due to the way she preaches a healthy diet of potatoes, olive oil, beetroot, garlic and lemon as a way to combat HIV/AIDS (Bond 2004:4). Her rhetoric and endorsement of Dr. Rath's 'special vitamins'<sup>2</sup> as a cure for the disease is representative of the unacknowledgement of the degree of the problem of AIDS in South Africa (Boseley,

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<sup>2</sup> The Dr. Rath Health Foundation has promoted the use of 'vitamins' as a combat to HIV/AIDS, while denouncing the use of anti-retrovirals as deadly and toxic.

2005).<sup>3</sup> Without a national recognition of the causes and repercussions of the AIDS virus, it is difficult to combat the crisis effectively.

This article analyzes the tools, strategies and approaches of one post-apartheid South African actor – the Treatment Action Campaign (TAC) – which has challenged the state to acknowledge and politicize HIV/AIDS despite existing denialism in the country in general and within the government in particular. The research has focused on the question: In what way does the Treatment Action Campaign represent an innovation within social movement practice in South Africa?

My empirical research was conducted in 2006 as part of a collaboration between the Institute of Social Studies and the Hivos Foundation which aims to expand and share knowledge on civil society building in developing countries. I carried out three weeks of field research in South Africa, mostly spent at the TAC Head Office in Capetown in order to gain an insight into the daily workings. In addition to interviews held with TAC employees and volunteers, I interviewed NGO and academic representatives and attended civil society workshops.

## THE TREATMENT ACTION CAMPAIGN

There are a lot of social movements who are involved in passive protest. But someone needs to be an agitator, ‘who gets the ball rolling’ and just says ‘No, we are not going to stand for that.’ The power of the Treatment Action Campaign is that they take nothing from the government and they ask for no special favors from the government in return, which enables them to do things that other organizations cannot do. (Interview, Honermann, 2006)<sup>4</sup>

The case study of the Treatment Action Campaign stands out for a number of reasons. Firstly, it represents a mass-based movement in post-apartheid South Africa which created a campaign that led the government to rollout anti-retroviral drugs throughout the country (See Bond, 2004:9; Friedman and Mottiar, 2004:3; Greenstein, 2003:31). Secondly, TAC has combined an approach of legal-activism in the health sector with grassroots outreach programmes to persons from diverse groups, classes and geographically marginalized areas. Thirdly, despite the fact that South Africa has one of the world’s worst HIV/AIDS prevalence rates, TAC has been met with significant resistance from the HIV/AIDS denialists in the South African government (See Bond, 2004; Mattes, 2002; Mbali, 2004; Robins, 2005). This has placed them in a particularly complex position as the government acts as their largest barrier as well as their biggest hope for change.

### Background to TAC

The Treatment Action Campaign (TAC) is a South African HIV/AIDS organization that was established in December 1998 in order to fight for access to treatment for HIV/AIDS. Initially intended to confront pharmaceutical companies to provide more affordable drugs to South Africa, the founders came face to face with an unexpected foe: members of the ruling party, the African National Congress (ANC) and the South African Health Ministry.

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<sup>3</sup> See Annex D for political cartoons depicting denialism & rhetoric of the President & Health Minister.

<sup>4</sup> TAC does not ask the government for financial support for TAC functioning, but does ask for action, implementation and respect for the Right to Life, Dignity and Respect of All.

Unlike many other HIV/AIDS organizations, TAC has taken a political stance on living with HIV/AIDS, access to literacy on the epidemic, mother-to-child transmission, the importance of training HIV positive leaders, the right to access treatment, and the responsibility of the government to provide it to South Africans, especially to the poor and deprived. TAC describes itself as ‘a voluntary, non-profit association of organizations and individuals, which is independent of the government and the pharmaceutical industry’ (TAC, 2001:3).

Since its establishment, it has gained a reputation in South Africa as an organization that has moved beyond mere protest towards a legal-activist approach. It uses a ‘discourse of human and socio-economic rights to convey the voices and address the concerns of a particular constituency and in the process challenge[s] power’ (Greenstein, 2003:31). It represents a social force which has achieved policy successes, possesses an organized structure and uses various tools and forms of resistance, awareness raising and lobbying that enable it to reach a large number of people in both rural as well as urban areas of the country. Likewise, Robins argues that TAC has transformed the issue of HIV/AIDS from a health and service delivery problem, to a political and economic struggle that affects all people (2005).

### **TAC Institutional Structure<sup>5</sup>**

TAC is an organization predominantly made up of volunteers (approximately 16,000) who are continuously recruited and are represented at all levels of the organization. The TAC has a complex organizational structure which is its backbone but also one of its weaknesses. The structure ensures that the organization is more democratic and sustainable, but this has led to a loss of some of its ad-hoc ‘activist spirit’, which some may argue is the essence of a social movement. As one National Office employee stated, ‘It is ‘less off the cuff’ than it used to be. Now, mobilization is planned in an organized fashion so that training takes place, there is community mobilization and meetings to ensure support and knowledge sharing, the activists agree on a set of demands and a memorandum is set. The march or protest is, in actuality, not the first act in a campaign process, but the final act’ (interview, Cornelius, 2006).

According to the TAC, the structure of the organization ensures that the mandate is set from the bottom-up, instead of from the top down. The organization posts annual budgets, external evaluations and financial records on its website for the public to view. This shows that not only do they demand transparency and accountability from the government, but also practice it themselves. This is one of the difficulties that many social movements face, ‘the need to address issues of democratic representation and accountability *within* their own structures as well as beyond them, in the wider society’ (Mayo, 2005:96).

In terms of the decision-making structure, organizational policies and mandates of TAC, they all go through a democratic process of nominations, debates and votes at different structural levels. While the increased attention and support of TAC from national and international donors has helped them expand their advocacy, trainings and outreach

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<sup>5</sup> The information for this section was provided to me through an interview with Rukia Cornelius, TAC’s National Manager, and were available through documents on the TAC website.

capabilities in more rural areas, it has also created a bureaucracy which no longer appears to be representative on the ground.

One TAC staff member reassured me that the criticism that TAC is too distracted with national problems and legal battles to prioritize the local, grassroots issues is '[...] false and nonsense. We put an enormous amount of effort into local issues. We have put in a whole structure in order to ensure that we are always in touch with local offices, although it does not always work as well as we would like' (interview, Geffen, 2006). The teetering between national objectives and local problems is not only a challenge of TAC, but of most large multi-layered organizations and groups.

### **TAC's (local) fight against denialism**

TAC's fight against denialism of HIV/AIDS in the South African society in general and the ANC in particular is a difficult battle to endure. The struggle against rhetoric, norms and values become encircled in a moral dilemma which is difficult for many people and institutions to overcome. However, 'TAC is based on a principle of moral consensus' which focuses on awareness and education of the science behind HIV/AIDS in order to debunk denialism and avoid myths about the disease and cures which are widespread in South Africa (interview, Achmat, 2006).<sup>6</sup>

In order to provide access to affordable treatment, create awareness on societal repercussions of the disease and ensure support for people living with HIV/AIDS (PWAs), TAC addresses HIV/AIDS not simply as a health issue, but as a political one that affects all people in South African society due to the magnitude of the epidemic.

For many years, TAC pushed the government to put forth a rollout of anti-retroviral treatment for AIDS patients and a prevention of mother-to-child transmission (PMTCT) programme. These were met with proposal rejections, excuses about a lack of resources and denialism of whether the HIV virus even causes AIDS at all (the latter was specifically endorsed by President Thabo Mbeki) (Greenstein, 2003:31-2). The political stance of the President has raised the issue of HIV/AIDS denialism in South Africa and has pushed activists to dispute the President and his values. When asked what sets TAC apart from other HIV/AIDS and social movements, TAC member, Geffen argues 'We are an advocacy organization primarily and we brought politics into what we do. Whereas a lot of other organizations do not get involved in advocacy and are not willing to tackle the political problems that occur in the country. This is the main distinction' (interview, 2006).

### **Civil Disobedience Campaign**

'The problem is that none of us expected that we would be fighting against the same government who was in the struggle with us. It's a struggle as every time we go up against the government, we are going up against the ANC. We are speaking out against abuse and rape; and for access to treatment, dignity, respect and acceptance. The only way to do this is to be vocal, and this means going up against the very structures you helped put in place' (Interview, Cornelius, 2006).

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<sup>6</sup> The growth of 'Baby Tshepang's' or baby rapes in South Africa are indicative of the myth that having sex with a baby will cure a man of HIV or AIDS; Some traditional healers or 'sangomas' have had conflicts with TAC and other scientific-based organizations on their types of medication and approaches.

In 2003, frustrated and wanting the government to act, TAC began a civil disobedience campaign, as a radical 'response to the government's failure to sign an agreement at the National Economic Development and Labour Council (NEDLAC) agreeing to an AIDS treatment plan'. Geffen stated that 'We have been criticized for our civil disobedience campaign, but this is a part of democratic life and it takes place in all Western democracies, so actually with all the difficulties that it caused, it got the desired result, which is to treat people with HIV' (interview, Geffen, 2006). Following primary data collection, TAC launched another civil disobedience campaign in late 2006, this time in response to two events: the disappointing representation of HIV/AIDS treatment by the Health Minister at the World AIDS Conference in Toronto and the death of an inmate involved in the Durban Westville Court case. These actions represented the beginning of yet another global call for action, this time to oust the Health Minister and interrogate the judiciary for its untimely proceedings.

At the World AIDS Conference 2006, TAC expressed their disappointment in the South African Health Minister and in a government which continued to embarrass themselves at home and abroad by denying the reality of HIV/AIDS. The actions of TAC Conference participants contributed to creating international awareness on denialism in South Africa and during the closing speech of the Toronto Conference, UN Special Envoy for AIDS in Africa, Stephen Lewis, declared that:

'South Africa is the unkindest cut of all. It is the only country in Africa, amongst all the countries I have traversed in the last five years, whose government is still obtuse, dilatory and negligent about rolling out treatment. It is the only country in Africa whose government continues to propound theories more worthy of a lunatic fringe than of a concerned and compassionate state. Between six and eight hundred people a day die of AIDS in South Africa. The government has a lot to atone for. I'm of the opinion that they can never achieve redemption' (Lewis, 2006).

The TAC activities during the 2006 AIDS Conference are one example of how TAC has received international attention through protest, advocacy as well as conference presentations. Following the conference, they continued a long-term campaign against the Health Minister, calling on the current democracy to meet particular demands and pose difficult questions related to her legitimacy.

During the same time as the AIDS Conference, TAC representatives in South Africa were dealing with the death of a HIV positive prison inmate who, while waiting for the Durban Westville Prisons Court Case to decide on providing ARVs to prisoners, died in the meantime (Geffen, 2006). This led members of TAC to conduct a sit-in in the Human Rights Commissioner's office; hold demonstrations in cities in South Africa and the world over; circulate petitions via the internet and at public manifestations; and distribute informational pamphlets on the Campaign in order to inform the public of the recent events which had caused TAC to uprising (TAC, 2006b). Therefore, one can observe the constantly changing face of the Treatment Action Campaign. One that is calm and formal when necessary, but also loud and argumentative when there are particularly urgent issues that need to be called to the attention of the government and other civil society actors.

## Formal Channels of advocacy

The Treatment Action Campaign has used civil disobedience, mass public protest and marches as forms of advocacy, but it does not limit itself to these approaches. One of the atypical features of TAC is the way it has used formal channels of democracy *in addition* to informal channels of resistance. In the name of human rights and democracy, TAC has used the democratically created Bill of Rights to strengthen its arguments for HIV/AIDS treatment and literacy as ‘sometimes the government departments and institutions are leading violators of these fundamental rights [of the Constitution]’ (interview, Mtshali, 2006). TAC has pushed its demands through the High Courts, the Constitutional Court, the National Economic Development and Labour Council (NEDLAC), the Human Rights Commission, the Public Protector, the Commission on Gender Equality and the Competition Commission (Heywood 2006: 7). In addition to these statutory bodies, TAC has taken pharmaceutical companies and individuals such as the infamous Dr. Rath to court when TAC felt that the Constitution was being violated and actors going unchecked (Heywood, 2006:8).<sup>7</sup> This is TAC’s method of ensuring government accountability: ‘We have gone to great lengths to get South Africa’s democratic institutions to do their job properly. We have strengthened democracy in South Africa’ (interview, Geffen, 2006).

While other grassroots organizations may argue that this collaboration with formal institutions represents a certain ‘selling out’, TAC sees the advantage in working with and within formal processes and institutions as litigation is a strategic tool that is one of the best mediums to join the government and its people in dialogue and to encourage the state to respond to demands (interview, Mtathi, 2006). Ballard also commends TAC’s strategic abilities, efforts and flexibilities: ‘Social movements that refuse to engage at all run the risk of never being able to close the deal for which they are fighting. So while a healthy dose of militancy goes a long way, it doesn’t necessarily mean that one should never sit down with an authority once they are willing to make concessions’ (interview, 2006). Of course, there is always the risk that collaboration could lead to co-optation and militancy could prevent an authority from ever wanting to work with the group.

TAC’s legal-activist approach has been criticized for leaving the people behind: ‘TAC has placed a lot of time and energy on top-down legal battles that their base is no longer adequately represented [...and] this is incredibly demobilizing’ (interview, Alexander, 2006). However, TAC representatives defended that: ‘This was a legitimate criticism at a particular point in time, however it is no longer relevant. The fact is that our resources are going into community work, not litigation. That argument can no longer stick anymore. More than 80% of our work is in the communities, that is simply where our resources go’ (interview, Mtathi, 2006).

Despite critical assessments of TAC litigation methods, the outcomes of its approach possess implications and tangible results, as ‘according to the 2004 Annual Report of the Health Ministry, there are now 1,600 sites providing MTCT services (as opposed to 18 sites that the Minister spent over 4 million South African Rand defending in the legal action against TAC); by December 2004, nearly 20,000 people were receiving ARVs through the public sector (in contrast with none one year earlier); and the budget for HIV prevention

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<sup>7</sup> See TAC website for a list of all court cases. Available: <http://www.tac.org.za/archive.html>

and treatment has been increased to 12 billion Rand over the next three years' (Heywood, 2006:9). These results demonstrate the sustainability and long-term vision of TAC.

By analyzing the goals, actions, dilemmas and characteristics of the Treatment Action Campaign, one sees it has 'combined challenges from 'above' (through the courts and public lobbying) and 'below' (through constituency-based grassroots campaigns [and the civil disobedience campaign]) to the dominant role of the state, bypassing in the process the limitations of formal democracy' (Greenstein, 2003:35).

## **IS TAC A SOCIAL MOVEMENT?**

Amandla! The word means power. It signifies freedom. Freedom of oppression. Freedom of speech. Freedom to protest. It is cried with the rise of a fist. Revolution. Liberation. And even now after the end of apartheid rule. After the abolition of racial segregation. After the election of a democratic government. People in South Africa continue to fight. A leader sings Amandla! The people respond Awethu, to us! (Interview, 2006)

### **Engaging with the state**

We are very clear in our minds that service delivery continues to be a state responsibility. Of course, the state can request civil society organizations to become involved, but we do not see that as civil society's role to substitute the state. (Interview, Mtathi, 2006)

Despite the contestation of the democratic effectiveness of the ANC and the South African government, and its continued denialism approach to HIV/AIDS, the Treatment Action Campaign continues to pledge its allegiance to the state as legitimate.

One of TAC's founding members, Zackie Achmat, argues that:

[...] service organizations play a very important, but limited role. They are not able to adequately deal with questions of treatment, access, inequalities and social responses to the problem. On the other side, governance plays an important role as they are represented in parliament, the judiciary and these are the mediums for citizens to hold their governments accountable. HIV/AIDS is definitely an issue of governance, whether it is in the corporate sector, the global or the international. (Interview, Achmat, 2006)

Unlike other social movements which follow a collective behaviour approach through their antagonism of the system and a refusal to engage in dialogue with the government, TAC sees opportunities in the state. Instead, it demonstrates a combination of the resource mobilization approach via its financial autonomy and the political process perspective through its fraternization with political representatives and establishments.

However, it is difficult for TAC to denounce the normative values of the government and society but still remain engaged with such actors as they become classified in an 'us versus them' dichotomy. While most social movements are seen as anti-state, TAC representatives defend that they support the legitimacy of the state as well as the rights of voters to criticize their party.

But at the same time, one could also argue that this is not, in the long term, sustainable; to be part of something you criticize [...] but one must question how to play politics to

assess what people's needs are. And it is TAC's role to save lives as a first priority rather than to ensure democracy in the country. If you're a person living with HIV, you have to get the work done now! Medicine now, democracy later. (Interview, Achmat, 2006)

Thus, while holding an ANC card might continue to benefit them in the short term when they are creating alliances and forging relationships or projects, it will continue to be problematic in the long term. It has the potential to lead to future conflicts with other organizations or groups if they do not support this ambiguous relationship. For Desai, 'It's like marching against your mother: stoning them, forsaking them, and decrying them' (Ballard, 2005:78). Further, many activists face the constant dilemma of 'participating in the processes of government and opposing government' at the same time (Ballard, 2005:79).

From this, an acrimonious relationship can be identified as the ANC continues to be TAC's largest barrier to overcoming HIV/AIDS denialism, whilst also being the most important partner in achieving better distribution of treatment, informing people on the prevention of HIV/AIDS and mother-to-child transmission, and in implementing policies that encompass the importance of HIV/AIDS awareness.

### **Achieving a sense of 'self dependence'**

Similarly to NGOs, active agents face the risk of becoming co-opted and facing 'donorization' if they do not have the financial independence or strong leadership required to resist such authorities (Gasa, 2004:18). Due to an increase in donor funding over the years, the TAC General Secretary admitted that over time, there may be the possibility for institutional change within the organization: 'we need to guard ourselves against expansion of the organization as huge resources are being expended by all sorts of interests. We need to be able to manage our own growth and resources, so our focus is not diverted' (interview, Mtathi, 2006).

In order to avoid external co-optation or elite capture, TAC tries to maintain a self-determining 'principle of moral consensus' which sets it apart from other organizations (interview, Achmat, 2006). By focusing their energy on issues related to the treatment and transmission of HIV/AIDS and related issues, sustaining a legal-activist approach, and managing the influence of donor funding and donations, TAC has been able to enjoy a 'sense of self-dependence' (interview, Hivos, 2006; Interview, Mtathi, 2006; Interview, Achmat, 2006; Interview, Geffen, 2006; Friedman and Mottiar, 2004:3-4). This has enabled them to 'maintain a degree of autonomy in the face of demands made upon it by outsiders' (interview, Hivos, 2006).

### **Applying social movement theory to TAC**

In order to comprehend how TAC can be interpreted by social movement approaches, I will outline how della Porta and Diani's (1999) four major characteristics of social movements are relevant to this interpretation. These characteristics are: Informal interaction networks; shared beliefs and solidarity; collective action focusing on conflicts; and use of protest (della Porta and Diani, 1999:14-15).

#### *i) Informal Interaction Networks*

Such networks are understood as the relationships which enable the organization to disseminate information and resources quickly, mobilize large groups of people

instantaneously and share knowledge between persons of different expertise (della Porta and Diani 1999:14-15). From a macro perspective, such networks are essential for advocating a specific perspective or ideology to a broader audience.

If we identify such networks as the relationships that groups have with their partners and allies which enable them to broaden their mandate, scope and capabilities, we can identify that the TAC uses its national and international partners and donors<sup>8</sup> to ensure that they are involved with a wide range of persons, groups and opinions. At the grassroots level, they link themselves with local offices, libraries, schools and judicial systems to help set up ARV sites, disseminate information and raise awareness on the ground. This enables them to have a wide network of organizational support so that they can establish relationships with people who are interested in participating in trainings. Consequently, their large number of volunteers in local offices ensures that the organization is made up of people from diverse backgrounds and interests who are committed to similar issues and obstacles.

However, it can be maintained that those in the rural areas continue to be less informed than those in the urban, due to lack of communication technologies, transportation problems and distance from larger cities and TAC offices. Thus, although the networks are there, some may argue that they are not that effective as the declaration of action may still come from the urban to the rural and not the other way around, creating a top-down process.

### *ii) Shared beliefs and solidarity*

This refers to a sense of collectivity within the movement, through its actions, goals, beliefs and sense of identity. It is also related to how they contribute to new ideas, methods and terminology in analyzing society, institutions and actions that did not exist before (della Porta and Diani, 1999:14).

Its shared belief in the universal treatment of HIV/AIDS patients is its strongest hold. Despite pressure from other movements and political parties to become more involved in other issue areas, TAC has retained its goal for HIV/AIDS treatment as the major motivation of its existence. Moreover, HIV/AIDS, as argued by TAC as a whole, is hardly a single issue. The politicization of HIV/AIDS touches the edges of so many other issues that whether intentionally or not, it is involved in a wider movement of equality, health, non-violence and treatment that definitely qualifies as being part of a 'movement'. 'TAC is a national social movement dealing with HIV/AIDS, i.e., it is issue specific but the issue is so broad based that it cuts across race, class and gender – hence the appeal of TAC uses both the tactics of social movements and lobbying to achieve its aims' (interview, Hendricks, 2006).

In terms of solidarity, TAC works with a number of organizations which are interested in HIV/AIDS and related issues. Their close yet complex relationships with other organizations and movements provide a framework of common beliefs, a sense of group belonging and a joining of ideas and activities together to build a solid base. Such relationships also ensure that when there are campaigns or events taking place, there are people who possess different capacities and contacts which can help one another to attain

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<sup>8</sup> For example, Hivos, UNAIDS, South Africa Development Fund, Médecins Sans Frontières, the AIDS Law Project and COSATU.

their goals. However, their relationship with COSATU has recently experienced some tensions exactly because TAC feels that while COSATU continues to support them verbally in closed meetings, they do not always offer their support on large issues in a public forum (interview, Cornelius, 2006; Interview, Achmat, 2006).

*iii) Collective action focusing on conflicts*

In this conceptualization, conflict is ‘an oppositional relationship between actors who seek control of the same stake’, interests or values (della Porta and Diani, 1999:15). For example, conflict is likely to occur when united groups make a claim over a resource, a service or a right which threatens the power and control that the state, corporation or other has over that stake. This has the tendency to lead to a power struggle where the actors have to acknowledge a more fair distribution of resources for others to gain.

From the perspective of TAC, the perception, definition, and repercussions of HIV/AIDS in South Africa has been inadequately addressed due to the denialism of President Thabo Mbeki and the Health Minister Manto Tshabalala-Msimang . This relates specifically to how they have dealt with: health system policies, the roll-out of anti-retroviral treatment for HIV/AIDS patients, educational programmes on the disease, provision of counseling on prevention, how to deal with the disease socially, mentally and physically, and information on how to use anti-retroviral drugs effectively.

If ‘the most fundamental fact about collective action is its connectedness, both historically and spatially, and both with other instances of collective action of a similar kind, and with the actions of different claim-makers such as authorities and counter-movements.’ (Koopmans in Kriesi et al., 2004:19), then one can see how, over time, the Treatment Action Campaign has spread its wings to include other movements and organizations through both conflict and negotiation. By focusing their energy on their court cases, mass demonstrations and verbal arguments with the government, TAC has been able to display efficient action. Therefore, the ‘shared field’ of HIV/AIDS has caused significant cooperation as well as conflict between activists and government officials.

*iv) Use of protest*

This distinguishes between the use of established accountability measures such as voting, lobbying and political participation versus more ‘active’ styles of reclamation like demonstrations and marches (della Porta and Diani, 1999:15). Political and social activists attempt to ‘balance disruption and confrontation with cooperation, legality and consensus building’ (Zirakzadeh, 1997: 5) in order to achieve radical change.

TAC continues to use ‘traditional’ forms to demonstrate their non-compliance to the government such as marches and petitions. However, they also advocate through: the publication of a newsletter which is available online and in a print version, by distributing materials, providing treatment literacy trainings, workshops and sessions and by taking cases to the courts when they see fit. ‘Clearly the TAC is adopting a high profile route which combines use of legal redress (e.g. the courts) with public demonstration which highlights government policy deficiencies [...it] uses a multi-pronged approach’ (interview, Southall, 2006).

And this could be the lesson from the Treatment Action Campaign – the success of getting large scale mobilization around particular normative shifts in society. I’m sure

they didn't have Gramsci in mind but his analysis applies – governments sometimes monopolize norm setting, but sometimes other agencies capture that ground and governments scramble to catch up because they are losing legitimacy. That is a successful social movement. (Interview, Ballard, 2006)

The combination of formal and informal methods of opposition enables it to gain opportunities to achieve multi-level transformation and democracy from below. If we examine the Civil Disobedience Campaign, its local awareness programmes and its litigation methods, they demonstrate how the forms of cooperation and contestation that TAC uses changes over time, depends on the urgency and context of the situation. 'I think it is exactly this combination of diverse advocacy strategies that has enabled the TAC to achieve what it has - the combination of negotiation, partnership, pressure through mobilization and publicity, and then litigation where these interventions fail' (interview, Hicks, 2006).

### **Picking sides and choosing battles**

The over-bureaucratization of TAC is one strong argument presented by critics that it is not at all a grassroots movement, but rather a codified and structured body that has a clear goal and mandate and undergoes a cyclical process of advocacy. However, the fact that this bureaucracy spreads over to rural and township areas on a wide scale and conducts most of its workshops, treatment literacy and advocacy in these offices, shows a side of TAC that is more 'movement' than 'organization'.

According to the definition by della Porta and Diani, TAC possesses the main attributes of a social movement. However, interestingly, resistance from TAC and other South African activists to this term reveals that their perception of a social movement is perhaps different from the theorists. This shows how the interpretations of post-apartheid social movements possess both positive and negative connotations that the TAC continues to resist. In a setting where the term 'social movement' holds such weight, the Treatment Action Campaign appears to represent a different type of movement which is more innovative in style and more successful in policy achievements due to their moral philosophy, strategy and methodology.

## **CONCLUSIONS**

### **The final verdict**

The contestation of social movement theory and practice has been debated in this paper through the analysis of one case study, the Treatment Action Campaign. Specifically, this article has sought to answer: In what way does the Treatment Action Campaign represent an innovation within social movement practice in South Africa?

In the 'new South Africa', social actors play an essential role in holding the government accountable, questioning the transparency of the judiciary and reflecting the social narratives through protest. The diversity between these actors or 'movements' are themselves debated, as they attempt to establish their unique identities in the post-apartheid setting. The Treatment Action Campaign in South Africa has demonstrated new forms of protest and advocacy that move beyond conventional definitions of 'social

movements' in South Africa, thereby representing a movement which is pushing South African actors to question their role, abilities and responsibilities in the new democracy.

### **The shortcomings of theory and practice**

In the spectrum of South Africa, TAC appears to stand out and cross-cut 'social movement' generalizations for a number of reasons. TAC's interpretation of the role of the state is different from many other more 'anti-state' movements. Their engagement in formal as well as informal channels of advocacy has provided them with the opportunity to reach a wider audience and be effective in challenging the state by using democratic tools. Conversely, TAC's simultaneous provocation and endorsement of the state questions whether it is the right of the citizens to criticize those that they have helped to put in power; or if this poses a threat to the politics of the organization and its sustainability.

Due to their 'sense of self-dependence' they possess a strong identity and moral consensus within the organization which prevents them from having to over-depend on other organizations or donors. This enables them to represent an innovation of a movement which is a player within the political and economic spheres as well as within the personal one.

The term 'social movement' continues to carry the most weight in its fight for social transformation and revolutionary change, especially in South Africa, due to the history of the fight against apartheid which resulted in a democratic system in the country. Therefore the desire to name or un-name TAC carries on.

The analysis of TAC's characteristics demonstrate that it possesses some of the elements of a social movement, but also an organization that is leading the country's health activism movement in South Africa. I find that the conceptualization of the term 'social movement' is not comprehensive enough to analyze an organization which encompasses some major features, while replacing other characteristics with its own unique modifications. This begs for a necessary reformation, broadening and recreation of new terminology to describe groups, organizations and individuals who are committed to achieving social transformation through formal and informal channels of change. This reevaluation of social illustrations need to more adequately reflect the limitations, innovations and rights of activists to create and claim political space through provocation and acquiescence.

However, even if TAC sees itself as a single-issue organization that is not a social movement, or if academics see it as a mere NGO Campaign, the analysis of this paper presents that it possesses qualities and characteristics of a movement as it contributes to widen social change and involves, and is integrated into the actions and advocacy of other groups. The politicization of HIV/AIDS has led them to become involved in general issues of health, human rights and democracy while being involved in specific projects related to education, health treatment, violence against women and children's rights. After all it is not whether it chooses to include itself in the 'social movement box' or not as such a role is inherent in its philosophy, approach and values.

### **From the townships to the courtrooms**

HIV/AIDS sets TAC apart from other organizations or social movements as it has become an issue which affects all South Africans and the governance of the country, even

though many politicians continue to refuse to admit it. But due to the globality of the epidemic, TAC has been able to be involved with international organizations which are interested in similar issues or use a comparative approach. This enables TAC to move beyond the local to the global which contributes to its long-term approach and sustainability.

The ability of TAC to balance its large bureaucracy with its mass base, is a dilemma it continues to be faced with. While it is the high profile litigation that puts it in the spotlight, it continues to argue that it is their local initiatives that count more. Despite the defense that they are placing the majority of their energy and resources on the grassroots, they continue to be typecast as the contrary by other grassroots activists and scholars. Thus, perhaps the organization needs to focus on expanding or emphasizing its Treatment Literacy Programmes and leadership training more so that its local base is strengthened and a legacy of new volunteers, employees and supporters have the ability to tackle denialism at all levels.

### A reconceptualization of the argument

As illustrated by the range of understandings of what social movements are, how they are structured and what they aim to achieve, the academic debate surrounding forms and purpose of resistance continues to be disputed. According to sociological theory, it is incorrect to name TAC or any other similar groups as ‘a social movement’ as they are organizations *part of or leading* movements but are not movements within themselves. Therefore, the ‘naming’ of social movements in South Africa is particularly distinct. But this nuance is due to the changing of terminology, and the searching for new vocabulary to accurately reflect the social narratives that are taking place in different contexts.

I view social movement theory as limited in its ability to analyze TAC adequately due to the narrowness of its scope within the debate and the South African situation. Hence the case study of TAC begs scholars of social movements, human rights and democracy to generate new thinking on the role of social movements in South Africa, identify characteristics and strategies that are essential in achieving inclusive democracy, debate the role of ‘outsiders’ within that sphere and challenge the government to participate. Thus TAC has proven to be a case in South Africa which has not only confronted the government and the pharmaceutical industry, but also activists and the academic community to question themselves, their theories and their approaches to how they define social movements, what forms of advocacy they utilize, and what they foresee as their role in the future. Thus, TAC has demonstrated a major element of the ability of a ‘movement’: to question one’s own role, capabilities and goals within a broader, societal context; to encourage the adaptation of alternative thinking and approaches; and to lead without knowing that they are leading.

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