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WHAT FUTURE DEMOCRACY?

AZIZ RANA

THE THREAT POSED BY AIDS TO THE
DEVELOPMENT OF DEMOCRACY IN AFRICA
PLAYS NO PART IN CURRENT DISCUSSIONS
OF THE IMPACT OF THE DISEASE

The HIV/Aids epidemic in Africa is assailing the foundations of democracy on the continent. By killing people of working age, it is haemorrhaging human resources from the institutions necessary to keep societies functioning. The epidemic is a long-wave event that will need sustained public health programmes over decades, demanding resources vastly in excess of what the continent can mobilise internally. For years, it will throw Africa on the mercies of the rich world. But at the same time as the advent of life-sustaining treatment brings life-and-death choices to the centre of politics, we have to ask if liberal constitutionalism is best suited to resolving such fundamental public policy dilemmas.

Hopes for democracy in Africa rest on three pillars – material progress, independence from external control and the functioning of constitutional procedures. All three are jeopardised by Aids.

Public opinion polls in South Africa suggest that most black South Africans view democracy in terms of material progress rather than constitutional procedures. The public associates democracy with access to the basic necessities of life: food, water, shelter and education. Africa's most recent initiative for democracy and prosperity – the New Partnership for Africa's Development (NEPAD), the brainchild of South African President Thabo Mbeki – twins the promise of 'good governance' with the achievement of 7 per cent growth per annum – enough, it is estimated, to reduce poverty by half by 2015.

In recent years, however, Africa's continental economy has scored between 3 and 4 per cent, barely enough to keep ahead of an expanding population. The HIV/Aids epidemic is cutting an estimated 1 per cent off that growth each year, and the shackle is getting heavier. Africa's prospects for reducing poverty are evaporating. By undermining economic development, Aids is placing fragile democracies in jeopardy. An economic crisis is often a political crisis as well.



*Soweto, South Africa, 1994: making a mark for the first time.
Credit: Carlos Reyes-Manzo / Andes Press Agency*

In Africa, given the history of colonial rule, any vision of democracy requires that African publics rather than international powers must control political and economic decision-making.

For many on the African left, it is on the axis of autonomy that HIV/Aids enters the political landscape. Today, the sovereignty of sub-Saharan African states is under enormous pressure. Real economic control increasingly lies in the nexus between international aid donors, multinational investors, particularly oil and arms companies, and the Bretton Woods institutions. In the 1980s, structural adjustment programmes imposed a vision of free-market orthodoxy, marked by privatisation and market liberalisation, on weak and dependent economies. Today, similar conditionalities determine whether African states qualify for Heavily Indebted Poor Countries (HIPC) debt relief. Donor governments such as the United States demand economic policies that focus on fiscal discipline and strengthen US trade and investment, giving African politicians no leeway in policymaking.

Africa has no prospects of mobilising the US\$10 billion or so needed per annum to mount scaled-up anti-retroviral treatment to millions of people living with HIV and Aids. Those funds can only come from the developed world. More aid flows to stagnant or shrinking economies can mean only one thing: still greater economic dependence.

Domestically, democracy requires functioning institutions. The capacity of all institutions is undermined by Aids illness and death. The disease is devastating teachers, parliamentarians, university teachers, policemen: everybody. It reduces the number of government officials and policy-makers who have been at their jobs long enough to develop specialised skills. Greater turnover, less experienced civil servants and shortened time horizons will also increase the likelihood of corruption as shorter time spans increase the incentives for opportunistic behaviour. Judicial systems are grinding to a halt in some rural areas because of the shortages of judges and lawyers. HIV/Aids threatens electoral institutions, with voter lists needing more regular updating and the deaths of MPs necessitating frequent and expensive by-elections. Additionally, the state's control over violence is imperilled as Aids undermines the cohesion and readiness of armies and police forces.

Equally fundamentally, the HIV/Aids epidemic injects an element of permanent emergency into political life. Liberal constitutionalism rests on an empirical precondition: for publics to accept procedures as the basis for legitimating outcomes, citizens must not take disagreement too seriously. Even if we think a decision is wrong, we are still willing to accept the outcome as valid. For such partial agreement to hold, citizens must believe that their disagreements are not matters of life and death. If one truly thought that survival rested on the right outcome, the fact that a numerical majority of citizens or elected representatives voted the other way, or a judge reached a contradictory conclusion, would not legitimise the choice. In a sense, the entrenchment of liberal democracy requires a retreat of politics; citizens do not find the questions they debate in political life a matter, literally, of life or death.

The fragility of liberal democracy in Africa is linked to the lack of this empirical precondition. Marked by wars and famines, politics on the continent have been intricately bound up with issues of survival and economic necessity. Basic needs are at the heart of politics on the continent; this places great strain on the functioning of constitutionalism.

The Aids epidemic places questions of life and death at the very centre of politics. Anti-retrovirals can prolong the lives of people living with HIV, but no African government, even with donor assistance, can afford to buy and dispense them universally. Rationing will take place, either deliberately or by default. The need to prioritise treatment could undermine the legitimacy of democratic governments that find themselves forced to decide who lives and dies.

What is to be done? Up to now, the Aids discourse has been medical, technical and moral. There has been no meeting point between the framing of the agendas of democratisation and the transformation of the African state, and the demands of responding to HIV/Aids. The pandemic remains predominantly the domain of health specialists. In an important sense, international donors, including the Global Fund To Fight Aids, Tuberculosis and Malaria along with the international NGO community and domestic political elites, have shaped how the crisis itself is constructed, conceiving of HIV/Aids as a technical matter. Confronting the disease is seen as a matter of enhancing medical expertise and public health capacity – and more money. The aid-to-health approach has marginalised issues of political governance and democracy.

The international emphasis on technical skill insulates political authorities, both domestic and international, from any criticism save that 'they are not doing enough'. Citizens find themselves blocked from political entrance, unable to hold international donors and foreign governments accountable for their directives, and similarly unable to claim ownership over the decisions of national leaders. As long as the debate remains squarely one of expertise and institution building, political elites can simply deflect failure by referring to the ongoing need for more money.

The biomedical challenges of HIV have prompted the creation of a new branch of medical science; the social and political implications of the HIV/Aids epidemic also demand a new approach to democratic politics. There are no easy answers to the dilemmas of how to sustain democracy under the onslaught of HIV/Aids, but we can at least make a start by discussing the issue openly and frankly. □

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