

# Between Exceptionalism and Revisionism: Children and Global AIDS Policies

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## 1 The multiple marginalisation of children and AIDS

Children's issues have been at the margin of development policymakers' attention and have attracted relatively few resources. To date, advocates for greater efforts on children and HIV/AIDS have been handicapped because they have not been able to define the terms of the debates around either AIDS or development and aid. Instead, they have always been reduced to tacking their issue on to the margins of other international priorities. Moreover, the AIDS and aid debates are conducted around extremely ambitious objectives, namely conquering HIV/AIDS and abolishing poverty through economic growth at the expense of more modest but realisable goals, such as providing social protection programmes for children affected by HIV and AIDS.

Children and AIDS can function as a standalone issue that can mobilise emotion and provide focus for assistance. This is the role it has played up until now. Ironically, the fact that the issue of children and AIDS has a high-profile champion, in the form of UNICEF, may work against it in gaining the wider attention it warrants. Championed by 'goodwill ambassadors' and 'angels of mercy' who rescue orphans, the issue of children and AIDS remains at the charitable margins of the major global endeavours of fighting AIDS and delivering economic growth in less-developed countries.

Reflecting the early and resilient definition of AIDS as an adult disease, and the denial and stigma that have hampered responses, children have been at the margins of AIDS policy. Two strategies have brought children and AIDS to policymakers' attention. One is

the heart-wrenching image of the AIDS orphan – the 'innocent victim' – crying out for help. This impulse leads to charitable efforts targeted at AIDS orphans, including setting up orphanages and adoption programmes. The evidence for the causes of deprivation and the outcomes of such efforts show that this approach cannot be justified as anything other than an isolated response to individual cases. Orphan choirs do not make good policy.

Another strategy is to argue from AIDS' exceptional impact for the need to attend to children. The case is that failing to care for children threatens economic decline or social crisis. Thus, Bell *et al.* (2004) have modelled the potential adverse consequences of failing to provide sufficient parenting for children, predicting that the loss of human capital that follows will lead to substantial economic decline. This is an important attempt to model how a high prevalence HIV/AIDS epidemic might impact on human capital over the generations, by lowering school attendance, interrupting the inter-generational transmission of knowledge, or by other means. This is the principal way in which AIDS exceptionalist arguments have embraced children's issues. This hypothesis remains contested.

In a less sophisticated manner, some writers have tried to scare policymakers with the fear that bands of unsocialised children will become gangs or terrorists and so it is in the interests of the 'powers-that-be' to quieten the threat. This approach, sometimes called the *Lord of the Flies* after the William Golding novel of that name in which unmentored children revert to barbarity, was taken by Trevor Neilson (2005). The prime concern is not

with children's welfare or rights as such, but with other social goods. This faces the difficulty that when the evidence for the threat is shown to be shaky or non-existent, the motive for action vanishes too. And indeed the empirical case for the 'Lord of the Flies' scenario was crumbling even before Nielson's publication (Bray 2003).

A stronger argument emerges if the order is reversed. The needs of children mean that an exceptional response is warranted. The rationale for providing assistance and protection to children affected by AIDS is either humanitarian or human rights-based. The humanitarian case is that these children need better life chances and cannot wait until overall economic prosperity arrives and social development is achieved. The human rights case is that these children are entitled to equitable life chances. In both versions, any benefits that accrue to society as a whole or to the national economy are a secondary consideration. However, the policies needed to achieve these goals require integrated approaches, such as universal social protection provision. Putting in place such programmes is an ambitious exercise requiring exceptional effort.

The problems confronted by children affected by AIDS are similar across high- and low-prevalence populations (Franco *et al.* 2008). However, in southern Africa, in the populations that UNAIDS now characterises as 'hyperendemic', the problem is of an order of magnitude greater than elsewhere, simply because of the scale of HIV infection. Southern Africa – along with many parts of eastern Africa – is the locus for a particular combination of circumstances that affect millions of children (essentially all of the children in these societies) which demands special and urgent attention. In these countries, large numbers of children are living in extreme poverty and vulnerability, and HIV/AIDS intersects with other causes of distress to create a peculiarly complex and intractable set of adverse circumstances.

The studies conducted by the Joint Learning Initiative on Children and HIV/AIDS (JLICA) indicate that the needs of children affected by AIDS cannot be met in the absence of broader and more comprehensive social protection policies. This entails that children and AIDS is also an entry-point for addressing a swathe of systemic issues in social policy. Social protection measures including social transfers can tackle many of

the particular problems of children affected by HIV/AIDS. Social protection on a grand scale is an ambitious undertaking that, if implemented effectively and sustainably, can make an immense difference to the life chances of millions of children.

## 2 AIDS exceptionalism

From the beginnings of the epidemic, the response to AIDS has resembled no other infectious disease. AIDS exceptionalism has two major strands, namely the exceptional threat posed by the pandemic and the exceptional nature of the response required. Peter Piot has been a leading exponent of this. In 2006 he wrote:

The AIDS pandemic is as serious a threat to humanity's prospects for progress and stability as global warming or nuclear proliferation. It is exceptional in its scale, complexity and the consequences across generations, in severity, longevity and its impact. It can only be defeated with sustained attention and the kind of 'anything it takes' resolve that Member States apply to preventing global financial meltdowns or wars. (UNAIDS 2006: 12)

The first 'exceptionalist' claim is the threat: its scale, complexity, inter-generational aspects, severity, longevity and impact. In turn this has helped unleash an exceptionally large and vigorous international health response. More than any other factor, the AIDS pandemic has put global public health on the agenda of world leaders. The second 'exceptionalist' claim is that HIV/AIDS needs a kind of 'anything it takes' resolve. Both elements are currently under critique.

Impact-based arguments for AIDS exceptionalism include analysis of how the pandemic is a long-wave, inter-generational event. Some 25 years into the pandemic, it is apparent that while HIV infections may have peaked globally, high prevalence levels will remain for several more decades at least. This timespan means that inter-generational impacts are already with us. It follows that the trajectory of the pandemic can only be understood and changed by taking account of children. Yet our evidence base for understanding these impacts is extremely modest, as shown by Cluver and Operario, in this *IDS Bulletin*.

AIDS exceptionalism in public policy is like no other global health response. An 'anything it takes' resolve might imply an emergency response that utilises the

full array of state powers. The traditional way of doing this is to deploy coercive public health measures such as population screening, partner tracing and quarantining. Such drastic restrictions on personal freedoms are permitted in response to public health emergencies by the Universal Declaration of Human Rights. Such approaches are routinely implemented for other infectious diseases including SARS, extremely drug-resistant TB, avian flu and Ebola. By contrast, the response to HIV/AIDS has taken the opposite approach of epidemiological individualism and emphasised the human rights of individuals. Influences on this include the early epidemic among US gay men and the sensitivities attached to sexual transmission in Africa. From a public health point of view the response to AIDS has more been similar to responses to cancer or diabetes than to an infectious disease. This does not necessarily entail any lesser degree of effort by a government, but an approach that zealously guards the rights of individuals does forestall many of the measures that states apply in the case of, at least, wars.

Although HIV is infectious, its epidemiology is different to respiratory infections, but some public health experts (De Cock *et al.* 2002, De Cock and Johnson 1998) have long argued that the response to AIDS has paid too much attention to the right to privacy of the infected individual and too little to the rights of those he or she may infect. This could be called a 'traditionalist' critique of HIV/AIDS public policy. It has made some inroads into public health practice. All armies that have the capacity to do so have mandatory testing of soldiers (Whiteside *et al.* 2006). Some governments (e.g. Botswana) have shifted to routine testing. But there has been a block on systematically moving away from epidemiological individualism, in part from fear that any challenge to the human rights-centred approach would let loose stigma and discrimination.

### 3 AIDS revisionism

Recent critiques of AIDS exceptionalism are disparate but influential. This is not AIDS denialism of the sort that has impeded South Africa's response. On the contrary, it is led by people who have worked within major AIDS institutions and have strong conventional professional qualifications. They do not deny the scientific consensus around HIV and AIDS and nor do they dispute the seriousness of the pandemic. In some instances their critiques have a personal edge but, while this may distract attention

from the substance of the charge, it should not detract from the logic and empirics of the argument.

Three books published in 2007–8 have led the revisionist tide, namely Epstein (2007); Chin (2007) and Pisani (2008), with the latter broadening the audience with its provocative messages and accessible style. There is much that can be criticised in these latter two books – they are selective, sometimes sensationalist and, in the case of Chin, unfairly impute disreputable motives to some of the protagonists (e.g. Peter Piot). They also do not cover all the revisionist ground, including good evidence that many of the alarming predictions that were made at the turn of the millennium were in fact unfounded (cf. de Waal 2006).

A strong argument is that AIDS responses – especially treatment – should be integrated into health systems. Not only is this seen as a more efficient use of resources, but AIDS programmes cannot succeed without functioning health systems. This leads to the recommendation for strengthening health systems overall (Garrett 2007). Closely related is the case against standalone AIDS programmes on the grounds that these are inefficient in terms of the lives saved for the resources expended, and that it is better to focus attention on other disease threats and malnutrition, including the leading causes of child mortality (Walker *et al.* 2002). African governments and their electorates, following their expressed priorities, would redirect current AIDS resources into general health systems. A stronger version of this argument is that universal access is an unrealisable target and a misdirection of resources – if the funding and personnel required to come close to universal treatment provision are provided then it will short-change other sectors including general health services. Under this argument, universal access was just a political slogan adopted against the better judgement of public health planners.

With the important exception of Epstein (2007), the revisionist arguments make little reference to children and HIV/AIDS. This has the unfortunate implication that policies for children affected by AIDS may be assessed and funded (or not funded) based on criteria and evidence which have little to do with the specifics of the issue.

Peter Piot (2008) has responded to his critics. He argues that the disease-specific approach for AIDS

has been outstandingly successful in mobilising political attention and resources, which has had a beneficial impact on other diseases and health systems as well. Piot contends that redressing the balance does not mean lowering AIDS financing but increasing levels of financing for other diseases and health systems themselves to appropriate levels. According to UNAIDS figures, the US\$10 billion provided for HIV/AIDS in middle- and lower-income countries in 2007 is still US\$7 billion short of what is needed. Piot also makes the case that HIV/AIDS uniquely demands a response that is much broader than that which can be mounted through a health system – integrating AIDS treatment into health systems is certainly justifiable, but (with the exception of mother-to-child transmission) prevention cannot be integrated in the same way. In addition, HIV prevention needs far more than financial and human resources pushed into existing systems. It requires longer-term structural interventions which tackle the social and economic causes of vulnerability, and unless there are specific efforts to reach groups, such as intravenous drug users and men who have sex with men, catastrophe will surely follow.

Piot's counter-critique makes no mention of children. But the shape of his argument for normalising AIDS treatment within health systems, while retaining broader HIV prevention programmes, transfers readily to policies for AIDS impacts on children. The extended argument runs that children's social protection needs are best dealt with through improving existing services for children (taking care to ensure that they are AIDS-sensitive), while AIDS-specific issues such as stigma and discrimination warrant special attention. Moreover, the resources required to respond at scale to children affected by HIV and AIDS are well in excess of existing budgets.

#### **4 Aid enthusiasm and scepticism**

The function of aid in poverty reduction has long been debated and a new round of arguments is reaching its zenith. Children have been marginal in this debate, and children and AIDS wholly absent, which are unfortunate omissions.

Jeff Sachs (2006) argues that we can end poverty by spending sufficiently large amounts of money across the board on what we have good reason to believe works, such as health, education, infrastructure, agriculture, etc. He argues that the world is rich enough to do this. Aid enthusiasts such as Sachs tend

not to focus on children and AIDS. It is not a good base on which their arguments can be made because social protection policies for children are unlikely to translate into significant economic growth and the elimination of poverty within a generation. In their enthusiasm for reaching for ambitious goals, proponents of aid can readily overlook the more modest (but nonetheless difficult and expensive) objectives that assistance can actually help achieve.

Bill Easterly's (2006) riposte is that we have heard this all before and that if aid worked in the way that Sachs imagines, countries like Zambia and Ghana would be upper-middle-income or developed countries by now. Sachs' rejoinder is that the amounts spent on aid in the last half century are so small that they do not represent a good test of the hypothesis that aid-led development is possible. Easterly and other sceptics tend not to engage with the issue of children and AIDS because they are engaging with the aid enthusiasts' arguments that aid generates growth.

Paul Collier (2007) creates a new typology of the poor, distinguishing those who are emerging from poverty and the 'bottom billion' who appear to be stuck. Aid works for some and not others, he argues. By enumerating the several 'traps' into which the poorest people on the planet have fallen, Collier is pessimistic about the ability of conventional development prescriptions to bring these people out of poverty for a generation at least. It is not likely that these latter countries can grow sufficiently fast to overcome poverty through market mechanisms or that growth will lead to sufficient budget expansion that they can finance social protection programmes from domestic resources. Rather, a global welfare programme is required to cushion their poverty. The remainder of the world's poor can, by contrast, be expected to continue their climb into middle-income status. Collier does not name the countries which contain the 'bottom billion' but it is clear that most of them are in sub-Saharan Africa. The former chief economist for the UN Economic Commission for Africa, Ali Abdel Gadir (2002), has made a comparable analysis of the decades-long trajectories of escape from complex poverty traps. Taking 18 sub-Saharan African countries, he finds that at the growth rates achieved in the late 1990s it will take an average of 73 years for them to reach the poverty Millennium Development Goal (MDG).

Neither Collier nor Abdel Gadir pay special attention to the way in which HIV/AIDS is itself a complex, long-wave trap. Neither do they attend to the pandemic's impact on children. However, if such analyses are even broadly accurate, and if the plight of children affected by HIV/AIDS is indeed as complex as the evidence indicates, then it will take several decades at least for well-designed economic development policies to have their full effects. This approach is highly relevant to children and AIDS. It provides a framework for understanding both the possibilities and the limitations for policies aimed at improving the lot of poor and vulnerable children. The primary rationale for assistance to such children is not to bring an end to global poverty and vulnerability, but precisely because these goals cannot realistically be achieved, there is a strong case for assisting the least fortunate.

These approaches also help to sharpen the understanding of where policies need to operate and how. Some countries can afford to pay for the kinds of programmes needed out of their domestic resources, while others will need external assistance for a protracted period of time. Some poor people can be expected to raise themselves out of poverty in the foreseeable future, while others are trapped in chronic poverty for a generation or longer. There is no agreed terminology that captures the circumstances of those who are chronically poor in countries that are failing to develop. Collier has popularised the term 'bottom billion', and near alternatives (which all have slight but significant differences in meaning) include 'those caught in poverty traps' and 'the chronically poor'. Policies need to be tailored for these different circumstances. The complex set of traps in which the chronically poor find themselves will not be quickly overcome.

International debates tend to focus on aid because it is the favoured instrument for addressing the social and economic problems of poor countries. The problems themselves are rarely in such sharp focus. The rebound of aid enthusiasm in the last decade has repeated the pattern of earlier decades' debates on aid, and it is probable that the gap between political leaders' public rhetoric about what aid can achieve, and the real possibilities, will result in another round in which aid scepticism dominates.

This indeed is the trend among analysts, who tend to concur that aid is at best an inefficient instrument

for promoting poverty reduction through growth. In 1987, Roger Riddell published *Foreign Aid Reconsidered* and 20 years on, revisited his reconsideration, coming to balanced and broadly sceptical conclusions (Riddell 1987, 2007). Various versions of scepticism, drawing upon the experience of the recent upsurge in aid spending, are provided by Giles Bolton (2007); Robert Calderisi (2007) and Jonathan Glennie (2008). All are in favour of aid in at least some guises, although many of them propose radical reforms to the system. Bolton makes the telling point that the cases where aid is most needed are by definition the most difficult cases, and that it is only through a consistent commitment to providing aid to a difficult country, acknowledging the risks that this entails, that we can expect to see results. (The example he has in mind is Rwanda.) Glennie's critique of aid is aimed less at aid itself and more at the conditionalities that have accompanied aid disbursements over the last 50 years. He contends that any benefit which assistance may have brought has been more than offset by the harms brought by imposed conditionalities.

Today's Euro-American consensus on the value of assistance to Africa arose from a combination of circumstances including the Jubilee campaign to abolish debt, the new internationalism of left-of-centre administrations in Europe (notably Britain), and a new realism among African leaders, led by South Africa's Thabo Mbeki, about the need for poverty reduction. The UN's Millennium Summit and the adoption of the Millennium Development Goals was a crystallisation of these trends. At the time when this new paradigm was emerging the consensus was that sound macroeconomic governance, private investment, improved trade regimes and debt reduction were all more important than aid. This prioritisation is reflected in the founding documents of the New Partnership for Africa's Development (NEPAD) and its immediate intellectual progenitors such as the Economic Commission for Africa's Compact for Africa's Recovery. No sooner had the documents been adopted by both African governments and donors, than the priorities were reversed and aid emerged as the main instrument. Aid is popular among recipient governments because it is a direct resource transfer to the treasury, and it is popular among donors because it is a symbolic indicator of goodwill and moral standing, and is less costly than trade reform. In both cases, aid serves as an alibi for failing to

address tougher questions such as governance and accountability, economic reform and the dismantling of subsidy regimes and trade barriers.

This history alerts us to the fact that the political appeal of aid is stronger than the evidence for its success. Aid is increasing faster than efforts to ensure that the conditions necessary for aid effectiveness. This is a recipe for future disillusionment. Noting early signs of disappointing outcomes and anticipating more, Western donors are likely to become more hard-headed about what they ask and expect from their aid disbursements. In turn this is likely to entail economic growth criteria being applied to assistance packages. A corollary of this is that conservative macroeconomic critiques of aid may be resurgent, albeit in different terms to the orthodoxies of the recent past.

Economic growth in accordance with the existing market-based model is not going to remedy the plight of the chronically poor, including those affected by HIV and AIDS, within a timespan of less than a generation. There is also a possibility that market-based growth will increase the risks of HIV transmission among certain social groups. Young women become more vulnerable through their participation in the informal sector and low-wage employment. Unemployed young men in urban centres, who may latch onto aggressive models of masculinity to compensate for the erosion of their status, may imperil both women and themselves. Special attention to children and adolescents and HIV/AIDS is required in order to complement the orthodox approach to poverty reduction through growth. This points to one distinct rationale for some aid, namely as a mechanism for funding social protection policies so that growth will not be at the expense of society's most vulnerable children and young people. This modest rationale is readily overlooked by a debate that focuses on more ambitious goals.

Rather than asking whether aid works or does not work, a better question for debate is: 'What is aid good for?' Acknowledging that aid is rarely good for short-term growth does not require dismissing the case for using aid in pursuit of other social objectives. On occasions, aid has been very effective at promoting health and education. Aid is essential for providing global public goods and it is inconceivable that there could be action to combat global

warming without extensive programmes financed by aid monies. The successes of social protection programmes (including cash and food transfers) suggest that this approach is also a strong candidate for an effective use of the aid encounter, including both the resources provided and the opportunities for policy dialogue in pursuit of sustainable and effective social policies.

In almost all guises, aid is severely constrained. Donors and recipients alike are loath to address the question of limits to aid absorption. But experience indicates that this issue cannot be avoided. Much work has been done in the last decade to undermine the case for expenditure ceilings in the social sector, which conservative economists (led by the International Monetary Fund) imposed on service ministries in poor countries. Some constraints are associated with funding modalities, others to do with resource allocation within recipient countries. Questions including 'Dutch disease', volatility of aid donations, and economic inefficiencies associated with drawing resources (human, financial, institutional) from productive sectors to service sectors, have been debated. The evidence arising from these debates have left the arguments for stringent fiscal conservatism much weakened. The consensus is that the harmful side effects of aid are usually less, occur at a higher level of aid inflow, and are more easily managed, than had earlier been believed (Barder 2006a,b). The often-noted adverse impacts of high aid levels on domestic politics, through reducing popular accountability, may be more significant than any economic distortions. The consensus remains that a large quantity of aid has harmful side-effects, but that we have more room for manoeuvre than we earlier thought.

Another, more precise, way of framing this problem is that there are social and political costs associated with aid dependence. There are real choices to be made and costs associated with each of these choices. One task for those who advocate on behalf of the poorest and most vulnerable children is to provide the evidence and make the case for assistance for those children, so that both the costs and the likely outcomes can be fairly assessed. This task becomes more urgent because the switchback of aid enthusiasm and scepticism may follow its next plunge without these arguments having been properly heard.

## 5 Conclusions

Advocates for children affected by AIDS remain handicapped by the fact that they are small players caught up in vigorous global policy debates conducted on other terms. Child-related issues have an immense capacity to appeal to international donor constituencies, but this appeal carries the constant risk of simplifying and distorting the issues and reducing them to a charitable imperative. A second challenge follows, which is how to sustain the kinds of complicated and sustained social and economic policies that are rarely fashionable outside fairly narrow policy-focused arenas.

## References

- Abdel Gadir, A. (2002) 'Africa's Children and Africa's Development: A Duration of Development Framework', in Alex de Waal and Nicolas Argenti (eds), *Young Africa: Realising the Rights of Children and Youth*, Trenton NJ: Africa World Press
- Barder, O. (2006a) *Are the Planned Increases in Aid Too Much of a Good Thing?*, Center for Global Development Working Paper 90, Washington DC: Center for Global Development
- Barder, O. (2006b) *A Policymaker's Guide to Dutch Disease*, Center for Global Development Working Paper 91, Washington DC: Center for Global Development
- Bell, C.; Devarajan, S. and Gersbach, H. (2004) 'Thinking About the Long-run Economic Costs of AIDS', in Markus Haacker (ed.), *The Macroeconomics of HIV/AIDS*, Washington DC: International Monetary Fund (IMF)
- Bolton, G. (2007) *Poor Story: An Insider Uncovers how Globalization and Good Intentions have Failed the World's Poor*, London: Key Porter
- Bray, R. (2003) *Predicting the Social Consequences of Orphanhood in South Africa*, CSSR Working Paper 03/29, Cape Town: Centre for Social Science Research (CSSR)
- Calderisi, R. (2007) *The Trouble with Africa: Why Foreign Aid isn't Working*, London: Palgrave MacMillan
- Chin, J. (2007) *The AIDS Pandemic: The Collision of Epidemiology with Political Correctness*, London: Radcliffe
- Collier, P. (2007) *The Bottom Billion: Why the Poorest Countries are Failing and What Can Be Done About It*, Oxford: Oxford University Press
- De Cock, K.M. and Johnson, A.M. (1998) 'From Exceptionalism to Normalisation: A Reappraisal of Attitudes and Practice around HIV Testing', *British Medical Journal* 316: 290–3
- De Cock, K.M.; Mbori-Ngacha, D. and Marum, E. (2002) 'Shadow on the Continent: Public Health and HIV/AIDS in Africa in the 21st Century', *The Lancet* 360: 67–72
- de Waal, A. (2006) *AIDS and Power: Why There is no Political Crisis – Yet*, London: Zed Books
- Easterly, W. (2006) *The White Man's Burden: Why the West's Efforts to Aid the Rest Have Done So Much Ill and So Little Good*, Harmondsworth: Penguin
- Epstein, H. (2007) *The Invisible Cure: Africa, the West and the Fight Against AIDS*, New York: Farrar, Strauss and Giroux
- Franco, L.M.; Burkhalter, B.; deWagt, A.; Hammink, M.; Irani L.; Jennings, L.; Kelley, A. and Moya, C. (2008) *The Evidence Base for Programming for Children Affected by HIV/AIDS in Low Prevalence and Concentrated Epidemic Countries*, Bethesda MD: The Quality Assurance Project, USAID Health Care Improvement Project and UNICEF
- Garrett, L. (2007) 'The Challenge of Global Health', *Foreign Affairs* 86.1: 14
- Glennie, J. (2008) *Aid to Africa: Less can be Better*, London: Zed Books
- Neilson, T. (2005) *AIDS, Economics and Terrorism in Africa*, New York: Global Business Coalition on AIDS
- Piot, P. (2008) 'AIDS: Exceptionalism Revisited', lecture at the London School of Economics, 15 May
- Pisani, E. (2008) *The Wisdom of Whores: Brothels, Bureaucrats and the Business of AIDS*, Cambridge: Granta
- Riddell, R. (2007) *Does Foreign Aid Really Work?* Oxford: Oxford University Press

- Riddell, R. (1987) *Foreign Aid Reconsidered*, London: James Currey
- Sachs, J. (2006) *The End of Poverty: Economic Possibilities for Our Time*, Harmondsworth: Penguin
- UNAIDS (Joint United Nations Programme on HIV/AIDS) (2006) *AIDS Epidemic Update*, Geneva: UNAIDS
- Walker, N.; Schwartzlander B. and Bryce, J. (2002) 'Meeting International Goals in Child Survival and HIV/AIDS', *The Lancet* 360: 284–9
- Whiteside, A.; de Waal, A. and Gebre Tensae, T. (2006) 'AIDS, the Military and Security in Africa: A Sober Appraisal', *African Affairs* 105: 201–18