Praxis-sourced commoning:
Some reflections from South African struggles

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

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pbond@mail.ngo.za
Civilian anti-government protests by region, 2009-19

The Age of Mass Protests: Understanding an Escalating Global Trend
March 2, 2020

Source: https://www.csis.org/analysis/age-mass-protests-understanding-escalating-global-trend
The Age of Mass Protests
Understanding an Escalating Global Trend

A year of discontent: Protests of 2019

Source: Bloomberg News

Riots and protests in Africa, 2019

A year of discontent: Protests of 2019

Source: Armed Conflict Location and Event Data

Source: Bloomberg News

47 countries witness surge in civil unrest -

Source: https://www.maplecroft.com/insights/analysis/47-countries-witness-surge-in-civil-unrest/
Civil Unrest Index 2020

Source: https://www.maplecroft.com/insights/analysis/47-countries-witness-surge-in-civil-unrest/
State Resource Management: SA Within Worldwide Social Unrest

[Diagram showing countries with a focus on South Africa, DR Congo, Ethiopia, Guinea, and Nigeria. The diagram uses a scatter plot to represent countries based on their poverty index and average forecasted Civil Unrest Index score for 2020-Q4.]
Number of incidents of civil unrest in sub-Saharan Africa, February-June 2020

social protests and ‘riots’ in year prior to Covid-19
Protests and state repression, 2012-19

State Resource Management: SA Within Worldwide Social Unrest

Source: https://acleddata.com/2020/06/04/cdt-spotlight-south-africa/
South Africa instituted a nationwide lockdown on 26 March in an effort to contain the coronavirus. This included a complete prohibition on alcohol sales, as alcohol-related issues were thought to place a disproportionate burden on the state’s enforcement and health infrastructure.

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

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

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

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

Source: https://acledda.com/2020/06/04/cdt-spotlight-south-africa/
State Resource Management:

SA Within Worldwide Social Unrest
WHY EVICTUS DURING LOCKDOWN PERIOD?!? TEST US FOR COVID 19
Mutual aid provision of food

Food Relief Mapping (July 2020)

https://www.safsc.org.za/food-relief-mapping/
South Africa’s extraordinary rise in life expectancy

2019: 64.8 years
61.5 years for males
67.7 years for females

Branded AIDS medicines cost R120 000 per annum before 2004 due to Big Pharma’s grip on Intellectual Property

Free, locally produced generic medicines for 5 million people living with HIV, following IP exemption

Source: https://data.worldbank.org/indicator/SP.DYN.LE00.IN?locations=ZA

Excerpted from: https://vimeo.com/437409232
The highest number of deaths was estimated for the period 1 July 2006 to 30 June 2007. The decline in the percentage of AIDS-related deaths since 2007 can be attributed to the increase in the roll-out of ART over time.

Source: https://www.statssa.gov.za/publications/P0302/P03022019.pdf
BEWARE THE MARCH OF AIDS!
Parks Mankahlana, President Thabo Mbeki’s spokesperson, confirms a widespread rumor that providing treatment to infected pregnant women worries the government because of the number of surviving orphans this policy would create.

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

Source: https://science.sciencemag.org/content/288/5474/2168.full?casa_token=0-NBYFDl6zcAAAAA:6ySOL6VYygDA-WQ41swurghH8cW0L5c96OOpFpkAFV9WTXoA-82bHEcDMc3mAtc4a_KTBJbn98bX_k and http://news.bbc.co.uk/2/hi/africa/994505.stm
Corporate strategists assessed the vast size of the unemployed population, which allowed firms to replace workers living with HIV who become ill, with desperate compatriots, instead of providing treatment.

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

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

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

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

Source: https://www.pambazuka.org/governance/structural-forces-behind-mbekis-aids-policy
“The company believed that the cost of its programmes would eventually be outweighed by the benefits it received in gradual gains in productivity, [Brink] concluded. Although it was indeed a risky strategy, it was the only one Anglo could pursue in the face of such human suffering.”

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

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

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

After an intense struggle with the mineworkers’ union, the company was forced to reverse position again in mid-2002.
There was also the residual power of pharmaceutical manufacturers to defend their rights to their Intellectual Property through monopoly patents on life-saving medicines (whose R&D was massively state-subsidised).

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

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

Source: https://link.springer.com/chapter/10.1057/9781137312167_6
Campaigning for AIDS medicines access: Treatment Action Campaign and global allies

- 1990s – U.S. promotes Intellectual Property above all, so monopoly-patented ARVs cost $10-15,000/person/year
- 1997 – SA’s Medicines Act allows ‘compulsory licensing’ (breaking patent for generic producers);
- 1999 – ACTUP! protests at Al Gore presidential rallies, Seattle WTO protest, Bill Clinton concedes, ‘AIDS dissidents’ emerge
- 2000 – AIDS conference in Durban, rise of Mbeki’s denialism, the ‘PMA-SA v Mandela’ lawsuit, trials by Medicines sans Frontiers, TAC imports generics (Thailand, Brazil, India), WTO exemption for IP confirmed at Doha summit

Campaigning for AIDS medicines access

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

Source: https://20years.msfaccess.org/worldwide-revolt-access
Campaigning for AIDS medicines access

• 2002 – tough critiques of Mbeki, Manto Tshabalala-Msimang and Alec Erwin, Constitutional Court backs ruling promoting nevirapine
• 2003 – after insider lobbying, ANC compels change in state policy
• 2004 – generics produced in SA, global AIDS funds grow
• 2019 – five million public sector recipients of ARVs
• threats – Covid-19, fiscal squeeze, Pepfar cutbacks, stockouts

strategic successes (and lessons for Covid-19):

• soaring life expectancy
• policy advocacy success
• commoning of IP
• decommodification
• destratification
• deglobalisation of capital
• globalisation of solidarity

Source: https://20years.msfaccess.org/worldwide-revolt-access