



I Sing of Change

I sing
of the beauty of Athens
without its slaves

Of a world free
of kings and queens
and other remnants
of an arbitrary past

Of earth
with no sharp north
or deep south
without blind curtains
or iron walls

Of the end
of warlords and armouries
and prisons of hate and fear

Of deserts treeing
and fruiting
after the quickening rains

Of the sun
radiating ignorance
and stars informing
nights of unknowing

I sing of a world reshaped.

—Osundare N. In: Beier U,
Moore G, eds. (1999) *The
Penguin book of modern African
poetry*. New York, Penguin
Classics.



Section 6 Times of transition: Africa overcomes

This scenario is told as an account by a storyteller and some of her friends, as they look back from 2036 at the changes that took place in the first quarter of the twenty-first century.

Folktale

Once upon a time, in a small village called Ogundugbwe, there lived a community of animals: Big Gentle Elephant, Fearless Lion, Tactful Monkey, Sleepy Jackal, Obedient Hyena, Beautiful Zebra, Hard-nosed Mouse, Long-mouthed Goat, and Harmless Cat.

Life was not easy for the animals of Ogundugbwe. For a long time a mysterious disease had been destroying their crops.

Even though the animals of Ogundugbwe were so different from each other (they even used to be arch-enemies), they now lived together peacefully, their community enriched by the presence of animals that had come to visit the village from faraway lands. They had brought news that a similar disease had attacked crops and plants in their own homelands. Their battle to eliminate the disease had achieved some success because remedies that had been found had made the killer disease temporarily dormant.

In Ogundugbwe, however, the gruesome disease was truly on the rampage. The animals had tried, in vain, to eliminate the killer disease with traditional and non-traditional remedies, but it just grew stronger and stronger.

Unfortunately for the animals of Ogundugbwe, a deadly famine was now staring them in the face. As the death toll climbed higher and higher, Fearless Lion, the much-loved and popular chief of the village of Ogundugbwe, decided to organize a meeting.

As humble and pragmatic as ever, Fearless Lion announced beforehand that he would not be giving an official speech at the meeting, but instead would listen to the contributions from

those animals best suited to provide the most brilliant ideas of how to deal with the problem.

And so, Big Gentle Elephant and Tactful Monkey, as well as Hard-nosed Mouse, were asked to prepare speeches detailing the experiences of the animals of Ogundugbwe. Fearless Lion had also invited two very special guests to speak at the meeting. One was Clever Hare from the faraway Kingdom of Gondwana. Clever Hare was said to have discovered the powerful remedy that had helped to make the killer disease dormant in Gondwana.

The other guest speaker was Watchful Eagle, from the neighbouring village of Bongolo. Watchful Eagle was rumoured to have flown around the world, visiting all the lands where the killer disease had attacked crops and plants. Along the way, Watchful Eagle had collected useful information, not just about the killer disease, but also about how the different animals of the world were dealing with the problems caused by the destruction of their crops and plants.

This was a unique and very important occasion indeed! The animals of the world had come together to fight the monstrous, unforgiving, and mystifying killer disease! As a result, there was hope all around... Deaths of the world's animals from famine would be minimized. Even small villages like Ogundugbwe would be able to share their little experiences of life.

If Hard-nosed Mouse and Harmless Cat could share the same chair, and if Fearless Lion and Beautiful Zebra could eat from the same plate, then what was not possible in the Animal Kingdom!



One World Review

2036

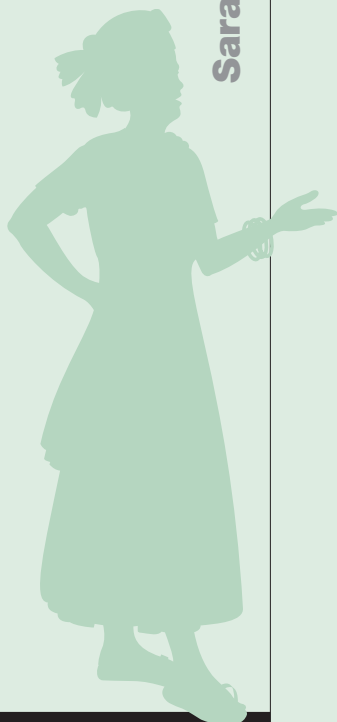
One World Special edition
Sara Afrika's oral telling: *Times of transition*

In this exclusive extract from her oral history telling, *Times of transition*, the oral historian Sara Afrika, explores the remarkable changes of the last 30 years that have transformed our world and, in particular, Africa. The transcript is taken from her latest recital—performed with a group of citizens—and has been nominated for the New Millennium Orator prize.

In her introduction, Ms Afrika told us: “It’s an immensely complex story: it involves many smaller transitions, across diverse spheres—social, political, economic, etc.—taking place in many different places, and with the involvement of countless people, both within and outside Africa.”

To be able to tell the story, she travelled widely across Africa: “From presidents to poets, from soldiers to scientists, from ministers to mothers, I have talked with them all.” She went on,

“This is everyone’s story; everyone played their part. →



She asked these people to describe the events they thought were crucial in reshaping Africa's future—and she uses these to tell her story. She calls them the six key transitions:

- 1** **'Back from the brink'** describes changes in how HIV and AIDS are dealt with, with a rapid roll-out of treatment and effective prevention strategies, supported by a very active civil society.
- 2** **'Setting the house in order'** focuses on national policy responses to reduce poverty and spur development—crucial for limiting the spread of HIV.
- 3** **'Working together for development'** investigates the improved collaboration between African governments and their external partners over the first quarter of the century, as resources are increasingly owned, directed, and coordinated by African governments and their people.
- 4** **'Trading on strengths'** details the key changes that have taken place in global trade.
- 5** **'Human hearts and human rights'** describes the people at the core of the scenario and the ways in which they have changed—including powerful changes in the ways women and men relate to one another and to their communities.
- 6** **'Planting peace'** describes how the prevention of conflict and promotion of peace and security, both within and between countries, has been a vital part of the new African agenda for the twenty-first century.



Figure 60 Times of transition: key dynamics



We present here a complete transcript of *Times of transition*, an oral history telling, as told by Sara Afrika.

Transcript of *Times of transition*

Introduction



You know, it is always wise to ask a storyteller why she is telling the story. Let me start with my reasons. So, come and join me last October, in 2036. It was early morning and a

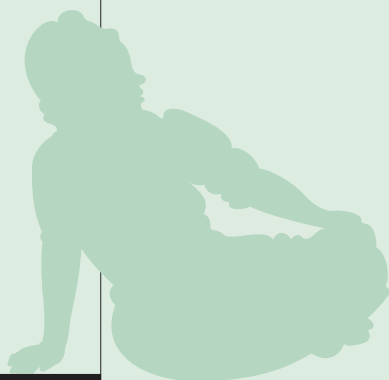
cool yellow light was spilling across the road. I closed my eyes and listened to the crowd around me shift and murmur—sudden bursts of laughter, a child's cry, snatches of conversation. Another day, another march. But unlike those of the early years, when it seemed that every day was marked with painful, angry protest, this day we were walking together in celebration.

These people were off to the city hall, to give a warm and loving welcome to Ilena Ejitsu, the new Secretary-General of the *United Nations*, who had come back to visit her home town. It was a typical gesture from this brave and responsible woman whose service to the world stretches far back. She was a volunteer in the trials of the first-generation HIV vaccines back in 2015; she helped to push through our country's laws protecting women from domestic violence; and fought for the protection of those with HIV—but she never forgot where she came from.

You may remember—even in her acceptance speech—she talked about her love for her home town and what its people had taught her. She described how, as a child orphaned by AIDS, with no extended family, the local community had taken her in, cared for her, given her counselling, and encouraged her to go to school. The community stood together, and in their unity they found tremendous strength. Those were the early years of the fight against the virus, when such gestures were so much more difficult. She says she has carried the lessons of those days and those people with her all her life.

I stood among the marchers—my people—on the dusty street. I remembered there was a time when nobody mentioned AIDS; when it was taboo; when the stigma was too great. You see, I am an old woman and I remember far back to a time when, if anyone spoke about the virus, all they would get is a frown and stony silence, perhaps averted eyes, sometimes muttered threats, even outright violence...

I looked around at my people and then I saw a man with a huge grin, wearing an M-Net T-shirt, moving through the crowd, rattling a tin and handing



out flyers. I took one and glanced over the headlines: “TB—we’ve got it on the run”, followed by “Almost eradicated from the African continent, TB is still endemic in some areas. We need your help to make Africa a TB-free zone...”

As I stood reading about what we still had to do, a little girl approached, big-eyed with purpose, dragging her mother by the hand. She’d read my stories in school, recognized me from the photos on my website. She wanted an autograph from the storyteller. Her mother, a woman in her early 30s, wearing a small button advertising antiretroviral therapy (“Want to know how? Call me now...” with a phone number and website address), apologized shyly for her daughter’s enthusiasm.

The mother told me that my stories inspired her at school as well; that they filled her mind with a vision of the future, her heart with hope, and her stomach with ambition.

I realized then and there, standing with the TB leaflet in my hand, that there was a story I still had to tell.

And I will try and tell it now, with the help of three dear friends: the minister, Dr Ibrahim, who entered the world of politics as a young activist; the lawyer and renowned civil society leader, Steve Phorano; and Sister Bweupe, famous for her work in the rural clinics of Africa.

Setting the stage

Storytellers remake the world—don’t they? If you believe that, then you could say that there was never a greater need for storytellers than in 2005.

And we were lucky: over the 30 years that followed, more and more people became storytellers. It would have been so easy for them to surrender to despair. Instead, people wove individual tales of hope, spoke the words that turned fear into purpose, which broke the silence and shattered isolation.

We didn’t know it then, but together, those people were creating a sweeping narrative of great synergy and transformation. It was a transformation of action, unity, and understanding. From the four corners of the world, people began to appreciate that it wasn’t enough to try to make a single change or start a single campaign. That would never work.

If you want to achieve fundamental change, you have to think beyond that single change to all the other factors that are involved.

Dr Ibrahim: But that sounds too simple. If we describe it in such simple terms, we risk ignoring the pain of those early years. I may be a government minister now, but I, like so many others, felt quite alone in those early years.

Steve Phorano: He’s right! It’s easy to talk now about ‘the reconfiguring of international relations’, but back then, the path to change was not so clear...

You’re right, my friends. Many different battles were being fought—and with such dignity, despite so much suffering and pain... So how shall we tell this story?

Steve Phorano: Well most stories have a clear beginning, middle, and end, but this one is different. Certainly, as I look back from 2036, I don’t feel it has an end or indeed a beginning!

Signs of hope... and intimations of disaster

Dr Ibrahim: I’d say that it begins with a shift—in the values, beliefs, and actions of people across the world.

Steve Phorano: Many of my colleagues say this grew out of the work of the anti-globalization movement...





Dr Ibrahim: Some, especially Westerners, point to the commitments made by wealthy countries in the early years of the twenty-first century.

They can see the early promises made to Africa in particular—the *Global Fund to Fight AIDS, Tuberculosis and Malaria*, the *Millennium Project*, the *US President's Emergency Plan for AIDS Relief (PEPFAR)* and the *UK's Commission for Africa* report and its impact on the *G8 2005 Summit*—as the seeds of a deeper change.

Others say it was the new international mechanisms for accountability—for multilateral institutions, NGOs, and governments, and especially corporations.

Steve Phorano: I have heard people argue that it was the crises that struck in the early years of the new millennium: the stalling of trade negotiations in 2004/5; the terrorist attacks across Europe in 2006/7; the obvious failure of the global community to keep the promises made in the Millennium Development Goals; the increases in oil prices; the 2008 floods in Europe and Asia, which made people take the reality of global warming seriously; the fears of another century of wars...

Africa itself is often named as one of the crises—in the early 2000s, many African countries were experiencing reverses to the economic and health gains of the preceding decades. Some people thought the AIDS epidemic was responsible. Others blamed the lack of sociopolitical stability and economic progress, inadequate African leadership and governance, the parsimony of the rich world or the inequalities fuelled by economic globalization...

Sister Bweupe: Most people I know say that the AIDS epidemic itself was the catalyst. Certainly, people saw it as a grave humanitarian crisis—unprecedented in the modern world—and economic analyses made it clear their worries were well founded. Once public opinion and economic rationale coincide, it's not long before the politicians get involved—so perhaps this had something to do with it. What do you think, Doctor?

Dr Ibrahim: We should not forget there were already important changes taking place in Africa—shifts in governance approaches and processes, like the *New Partnership for Africa's Development (NEPAD)* within the *African Union* beginning to lead the response to HIV and AIDS. There were crucial cultural changes, too: people moving to the cities, forming a new and expectant middle class, forging novel ideas about individual identity and youth culture; mobile phones and internet cafés were spreading across the continent, spreading ideas.

Then there were the growing numbers of Christian churches that were springing up across Africa, emphasizing individual and community empowerment through increased self-esteem, spirituality, bodily integrity, and economic empowerment. And there was the growth in Muslim organizations across the continent, which generated a new sense of community as well as intensely practical Islamic forms of charity, investment, and development. Or I could focus on the changing role of women; or the elections which, across Africa, were beginning to uproot entrenched regimes, and...

Do you see how difficult it is to describe? A thousand individual stories of change; so many people seemingly working for different things, but in the end a remarkable synergy.

To help us tell our story, let us focus on three key groups of people:

- Civil society;
- African leaders; and
- The international community.

Civil society in training

If you look up the history of this period on the Net, the search engine frequently fetches the name of the *South African Treatment Action Campaign (TAC)*—one of the first of the activist groups that would catalyse sustainable change. Their approach was driven by strong political analysis and sound, up-to-the-minute scientific research. Call it fortune or strategy, they had access to high quality legal and computing resources and the expertise to use them—didn't you, my friend?

Steve Phorano: *But we also understood the crucial importance of committed membership. We could mobilize massive community-based support and involvement at extremely short notice. And, believe me, through TAC and all the other groups that have taken its example, we still do...*

Over the last 30 years, this model of advocacy has been adopted across different areas of concern, among activists campaigning around different political issues of all kinds. These groups have learned how to join voices, visions, and technical knowledge; how to link extraordinary political and technical savvy with deep community involvement, beginning with the problems their own people were facing, rather than setting an agenda from the outside. They have learned from each other's victories and failures, growing stronger with each campaign.

Dr Ibrahim: *Campaigns that became a movement for change—that may describe it for some countries—but remember, many of us had never done anything like this before. In many parts of Africa, civil society was still embryonic or fragile. Even with the *African Charter on Human and Peoples' Rights*, many of us knew that speaking out could mean imprisonment, marginalization, and intimidation.*

New leaders taking aim at... peace

Alongside these initial voices, there were other signs of change. By 2012, a new generation of African leaders had begun to appear. Some of them were literally the children of former leaders; but some emerged from other areas...

Dr Ibrahim: *I had worked as an activist and a number of my colleagues were active members of civil society. Others hailed from academia or the private sector. In addition, there were increasing numbers of women holding high political posts. I believe it brought a new dimension to governance, catalysing more gender-sensitive policies and processes.*

Charismatic and ambitious, many of them—such as Nkrumah, Azikiwe, and Kenyatta, the architects of independence—were educated abroad in Western institutions. They were determined to bring their countries and their continent to the same level of development as countries in the global North: they were convinced that Africa could do the same and much more with her resources. To do so, they knew they would have to address the evils—the inequalities, conflicts, corruption, conflict, poverty, and disease—that haunted their people and their countries. The magnitude of the AIDS crisis seems to have been what galvanized many of them—but perhaps it would have happened anyway?



Dr Ibrahim: But you cannot build a house on shaky ground—and we knew it was crucial to institutionalize and entrench good governance. We had to establish a solid foundation of peace within our countries and gain the support of the different ethnic and religious groups.

Democratic culture, and plural and inclusive governance increasingly took root—but in many different forms: each one designed to meet particular local needs, processes, and practices; each one drawing on the best of both traditional African approaches and Western governance models to establish political equality and inclusiveness for all. Some of us called it ‘Afrocracy’...

In a number of countries, these new administrations succeeded in bringing together different hierarchies of leadership. In some countries, proportional representation provided a mechanism for soothing and including dissenting voices; in other countries, with multiple ethnic identities, quasi- or semi-provincial autonomy was adopted, allowing each group relative control over its resources and local priorities. To ensure the legality and public legitimacy of their reforms, a number of leaders held constitutional referenda or national conferences to determine how the people wanted to be governed.

In quite a number of cases, this was not about doing new things: it was about enforcing longstanding constitutional commitments that had not yet been put into operation, or passing old legislative bills that had become blocked. Local governments and traditional authorities were empowered to respond to the needs of their constituencies, and the previously marginalized rural people began to gain a strong political voice and increased economic means.

Dr Ibrahim: As leaders pursued reforms at the national level, Africa’s regional governance also came under increased pressure and scrutiny. You see, many new leaders felt that the borders that divided their countries were, often, essentially artificial. They undermined people’s ability to travel, trade, live, and work together—and were frequently the cause of tensions that escalated into conflict.

They came to the conclusion that the best way to overcome the governance, security, and development challenges before them was to collaborate, finding regional solutions to regional problems. A new way of thinking and acting together about development, governance, and security was needed—so that their aims in all three areas reinforced each other. You see, th...

Thank you, brother. But this story of collaboration is a further chapter to the story—we will talk more about this later...

International realization... and reform

First, we must talk about what was happening outside the continent. There were changes there, too.

Some of these changes spread outwards from Africa—like ripples in a pond: information technology has long made it possible for civil society groups in Africa to plug into global civil society networks. Though miles and cultures apart, they often found they spoke the same language and they wanted to tell the same story. They understood that action taken in one part of the world could affect what happened elsewhere; and inaction could carry just as much weight.

Together, these groups began to lobby multilateral institutions, transnational corporations, and western governments to confront how existing patterns of activity were prolonging inequality and worsening corruption and conflict.

An increasingly vocal, networked, and sophisticated campaign started, always combining meticulous analysis with powerful communication and a daunting knowledge of law and politics.

Steve Phorano: I worked for a while with *Action Now!* We had headquarters across the world: in New Delhi and New York and, of course, Johannesburg. Many of our approaches were influenced by the *Treatment Action Campaign*; some of us had even worked there before. We would regularly send out email to tens of millions of addresses. And many of the people we emailed would, in turn, mobilize more support and more action.

Was it this that prompted an increasing number of big corporations, foreign governments, and international institutions to begin to change? Global public opinion certainly played a major part... Or was it the burden of the AIDS epidemic itself? Others will tell you that change was inevitable; in fact, it was already happening...

Dr Ibrahim: But we can be certain of the events themselves. I played a small part in the Extraordinary Meetings and Agreements of 2009 and 2010 (EMA09 and EMA10). These meetings brought together members of government, North and South, with global civil society in an effort to find new approaches to some of the apparently intractable global problems. The list of issues was monumental—global peace and security, terrorism, climate change, the AIDS epidemic, and other emerging health threats.

The initial consultations for the EMAs were held out of the public gaze. Of course, as soon as word got out, we had our critics. But even they had to admit that there was a sense of commitment and urgency to these proceedings that was new. It's not surprising: the choice facing leaders, particularly in the global North, was stark: either become a fortress, and try to wall off persistently encroaching global problems; or seek a new global order, working together to develop international law, enhance the capacity of international institutions for peacekeeping and peacemaking, and expand economic globalization. But always, always with social justice as a priority.

And, in the end, the EMAs—held under the auspices of the *UN* and *Bretton Woods Institutions*—reviewed many of the previous international agreements and set benchmarks for subsequent good practice. They established the fundamental standards for all human life: starting with an expansion of, and renewed commitment to, global frameworks and standards and linking them to a larger social and economic framework of global governance.

Sister Bweupe: There were reforms happening in multilateral institutions, as well, weren't there?

Dr Ibrahim: Indeed, the pressure of global events in that first decade of the millennium put multilateralism under extraordinary pressure. We needed it more than ever, but we needed a new approach. The *World Bank* and *IMF* responded decisively—increasing the voice of the least developed countries in their governing bodies, for example.

Steve Phorano: And, of course, the *UN* itself went through an accelerated process of change and reform. 2009 stands out as an



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important year in my mind. Top of its list was finding ways to respond faster and more effectively to humanitarian disasters, epidemics, and conflict situations. But it also wanted to make sure different *UN* organizations in the same country could function together as a single development team, directly supporting government frameworks, and making the best use of shared administrative services, infrastructure, and communications technology. 2009 stands out because that was the year that it merged the Boards of its funds and programmes. A few years later even some of the specialized agencies were incorporated.

Thank you friends... Little by little, the many different voices we have described were finding each other, and coming together, weaving together—with extraordinary synchronicity. And, as they wove, the results of their efforts multiplied and grew, creating six powerful, crucial transitions.



The six transitions

1

Back from the brink

Tackling treatment



From around 2005, resources, political will, activism, and technical know-how finally came together in responding to HIV and AIDS. One of the first steps taken in many

countries was to roll out antiretroviral therapy as widely as possible—on the basis that it would not only keep as many people as possible alive for longer and so help to maintain crucial skills and capacities, but it would also encourage more people to get tested, since they would have the reassurance that there was treatment available.

Moreover, in those early years, for the first time, there was enough money coming from the international community for these endeavours... the “3 by 5” initiative was an early flag on this path. Many were sceptical whether it would make a difference, but it stands out in my mind as a rallying point, a stake in the ground...

Dr Ibrahim: I think it's much more interesting to describe how it happened. You see, to begin with, there was limited understanding about how best to spend available finances, and little coordination between the many projects and...

Thank you brother, I was coming to that.

There was, at first, a great deal of confusion. But chaos was averted—through effective leadership around coordinated national treatment plans.

Dr Ibrahim: The word ‘coordinated’ is important. ‘Skilful’ is another: skilful channelling of resources to where they could really be used. Public policy was increasingly based on well-tested science, and national programmes increasingly saw a role in facilitation rather than trying to control or impose what should happen.

Practically, it turned out that the absorptive capacity of many national governments was not as poor as some had feared. In part this was because of the rapid progress in decentralizing that was going on—by 2010, the strenuous efforts of a number of governments to work with many different groups and organizations

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in order to provide health services—especially in rural and poor urban areas—was really beginning to pay off. This was a particularly useful—and necessary—approach in those countries where decades of underinvestment and structural adjustment had eroded public sector services, and those countries where the spread of HIV, and the ‘brain drain’ meant there were insufficient doctors and nurses. Little by little, governments began to build bridges with civil society, the private sector, and international partners in new ways.

For the activists, it meant they could stop fighting and start to build. As governments chose to focus on treatment in the early part of this period, it was the presence and knowledge of the activist groups, coupled with community and faith-based organizations, that helped make the roll-out of antiretroviral therapy possible.

Steve Phorano: But that doesn't mean we stopped fighting: remember the stock-out marches of 2007 and 2012 when the antiretroviral drugs ran out?

Sister Bweupe: People like you also stepped in to help in places where health infrastructure was crumbling or public information systems were inadequate. You smoothed out the technical and social difficulties of supporting people on antiretroviral drugs. Many of our health facilities still rely on you... Activists, many of whom were themselves HIV-positive, helped to educate other people living with HIV and AIDS about the drugs they were taking, what to expect, and how to handle unwanted side-effects. It was because of you that the uptake was so swift.

Dr Ibrahim: It's true—by 2010, we were disappointed that antiretroviral therapy was still only reaching around 50% of those who needed it, despite the major efforts that had been made.

Steve Phorano: And, crucially, it meant that the widespread drug resistance that everyone had feared was delayed. Of course, there was some—but first and second line regimens remained effective far longer than people had predicted. Wider access to antiretroviral therapy also led to a transformation in people's willingness to get tested, especially as they could see the benefits of starting treatment before they got sick. Less than 10% of people knew their status in the early years of the century. By 2015, perhaps 50% or 60% knew—helped by the easy availability of HIV-urine tests.

The private sector—big and small businesses—has also given its expertise and resources. Back in 2004, companies were already providing health care, either through not-for-profit NGOs, or private for-profit clinics, or workplace health facilities. An increasing number were also contributing to other aspects of human development.

Sister Bweupe: We could hardly believe it when organizations really began working effectively together. In 2011 our government awarded a health care contract to a consortium of companies to provide health care to the region surrounding their operation site. A bank, a pharmaceutical company, a foundation attached to an energy company, and a European donor—they all worked in partnership with local faith-based organizations and NGOs. It was very successful—and similar partnerships soon followed!



Long-term, more inclusive prevention: first HIV, then... Alongside treatment, there has been growing appreciation of the need to address prevention in new and different ways—and all the factors that made that so difficult. After all, some countries had almost 20 years of experience by the early 2000s, didn't they, Sister?

Sister Bweupe: Oh yes: for example, by then people knew it was pointless to present biomedical messages to people whose beliefs about HIV and AIDS were rooted in a completely different view of how the world worked. It makes no sense to link HIV programmes to family planning campaigns, if people believe that these are some form of conspiracy to reduce their fertility. It is also crucial to engage the right people within a community.

Once this was understood, remarkable coalitions began to develop. In some countries, older men and women, who never usually spoke in public about sex, gave lectures to youth groups about why and how to use condoms. In other places, an increasing number of religious ministers gave out condoms along with spiritual counsel.

Steve Phorano: This developing sensitivity to local beliefs helped to further research and its application. For example, carefully designed and administered research made it clear that a higher proportion of HIV transmission than had previously been estimated was due to male to male sex. This helped to prompt the creation of some discreet intervention programmes with local community groups with safe spaces created for meetings, and readily available information about safe anal sex. Not everyone has changed, of course, but enough have.

Dr Ibrahim: Governments quickly recognized that they could multiply service provision very rapidly through awarding contracts to organizations in rural and urban areas—it was especially important where we wanted to rapidly increase HIV and TB services in combination. Managed networks of providers—for many different services, not just health care—gradually became the norm. But, of course, governments set careful standards and implemented regulation. The poor were protected... There's a reasonable public sector safety net, in most countries, with decent, if not great, standards of care.

The idea of working with multiple partners to extend the reach of services spread rapidly. In 2009 the *Global Fund* awarded grants to several multinational corporations to provide malaria, TB, and HIV and AIDS services to significant populations in their catchment areas. All in all, the period 2010 to 2020 saw a massive expansion of service provision, reaching more and more people—even those living in isolated rural areas. Now, the health service across Africa is something of a mosaic...

Dr Ibrahim: Of course, it meant more staff were needed and great strides were made in developing new cadres of health workers. Because of the expanded tax base and economic growth in many countries, between 2005 and 2025, per capita expenditure on health care tripled!

Sister Bweupe: We set up training facilities in countries that could produce a staff surplus. Many of our trainees have been drawn from



rural areas. The assumption has been that they are more likely to return there after graduation, especially if a cash incentive is included. It meant we had to lower the entry requirements, at first, and bring in more intensive training, but that's been helped by improvements in secondary and tertiary education.

In addition, many government programmes have successfully harnessed the talents of traditional healers, providing them with a significant role in health care, working alongside, and in harmony with, other health care professionals.

At our clinic, we offer programmes of alternative medicines. A number of governments have made a significant effort to test traditional therapies and medicinal practices, often in partnership with international organisations. If they are shown to be effective, they are incorporated into national guidelines.

We also have healers as part of the regular staff. They offer spiritual and psychological therapy to patients—it's very effective...

We're one of the countries with more flexible employment practices. Certain key health workers get higher pay rates and other special incentives. Many of our employers let migrant health workers return to their homelands for short periods to share skills and learning; telemedicine and distance learning helps, too.

Altogether, it just means that health is a very attractive career. When staff do leave, they tend to go into the private sector rather than migrating overseas.

Thank you, Sister. Before 2015, sustained aid flows already supported much of this reform and expansion process. Additional resources focused on improving access by the poor to primary health care: it got a lot easier to meet the basic health needs of people in most countries. Since 2015, resources have switched to improving secondary and tertiary care, in line with the public's expectations.

Of course, there were many places across Africa where, for a long time, nothing much changed. But in the places that had recorded the highest HIV prevalence and suffered the most, extraordinary changes were happening. Doctors came from all over the world; heroic efforts were made. And, at the centre of it all, the activists kept up the pressure. When some drugs were seen to be increasingly ineffective, they lobbied, protested, used judiciaries both in Africa and internationally, to make sure the next wave of drugs did not pass us by. By 2020, few countries had not achieved the Abuja targets for health spending, and some had exceeded it!

Dr Ibrahim: But we mustn't ignore how hard it has been: many people died despite all the medicines, all the effort...

Sister Bweupe: But in some ways it was at least bearable—we knew that even as the deaths continued, fewer were getting infected.

Steve Phorano: The combination of antiretroviral therapy; the new focus on, and energy behind, prevention; and the fact that these were both supported by other social policies, meant that there was more and more hope. By 2015, most parts of Africa had turned a corner. There were no longer just one or two successful examples: there were 16 or 17!



Health needs, of course, have remained huge. However, health workers feel better equipped to deal with the problems they face. Morale and productivity have improved. And—the real reward—health indicators across the continent have slowly improved.

Meanwhile, of course, the private sector has boomed: in 2008, the *Lodestone Hospital Group* moved from India to East Africa. By 2025 there were big, gleaming hospitals in most capitals across Africa, offering international standards of care.

2 Setting the house in order

But success in overcoming HIV and AIDS would not have made sufficient difference alone. In fact, it couldn't have been achieved, if that was all anyone had focused on. We needed to restore the years that had been taken from us—restore the years that the locusts had eaten.

Dr Ibrahim: We had a growing appreciation of all the other aspects of life that had to be addressed: health was just one part. In those countries where HIV prevalence was high, the virus had been able to spread faster because people were poor; because they had so few real choices, especially about sexual partners; and because public services were insufficient and they had untreated STDs. In those countries, attempts to prevent the spread of HIV had to be linked to policies to address its impact. Policies that would help reduce poverty, increase agricultural production, establish microcredit programmes, and set up personal empowerment initiatives. Education received particular attention.

Steve Phorano: And many of those countries that were not facing full-scale AIDS pandemics still suffered from several decades of underdevelopment and had other profound problems, ranging from malaria, to widespread chronic poverty, to severe underemployment and malnutrition. They all had to be addressed.

National development plans

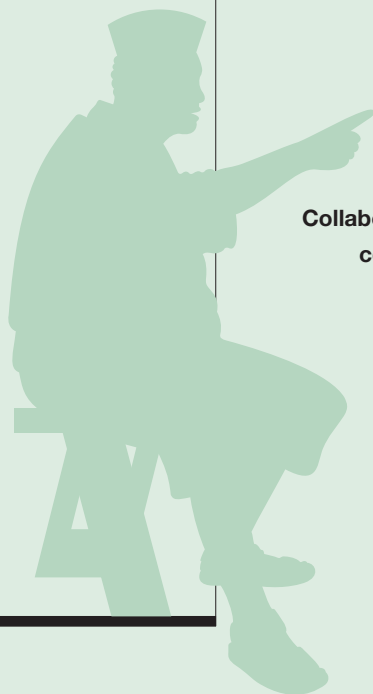
From around 2007 to 2009, the overall development goals of many countries were coordinated through a new generation of National Development Plans, or Nadeps, as they came to be known.

Dr Ibrahim: Ah yes. I was involved in the first generation of Nadeps. Growing from the Poverty Reduction Strategy Paper process and the *Millennium Project*, these looked at the whole system—beyond those aspects captured by macroeconomic indicators—including: roads, schools, electrification, health, jobs, and, above all, people. They aimed to ensure investment in the things that would reshape the future for the majority, rather than just for the élite.

One critical step in many countries was to encourage people in the informal sector to accumulate assets—for example, by allotting and enforcing property rights, in some countries on an individual basis and in others on a communal basis. This meant that increasing numbers of people were becoming involved in contributing to the 'formal' economy, rather than being trapped in subsistence activities.

Steve Phorano: In many countries, the Nadeps put the response to HIV and AIDS centre stage, especially where the adult HIV prevalence rate was over 5%. But this was not a one-size-fits-all approach! Countries worked according to their own national priorities and carefully costed their plans. In many cases, these became the basis for a series of daring new initiatives in international cooperation...





Collaboration and coordination

Dr Ibrahim: It started with eight countries in 2012: donor partners made, in principle, decade-long commitments to their plans, while African countries also drew down resources from the new Africa Finance Facility (AFF) set up by the G8 and other OECD members.

Steve Phorano: Governments got local people engaged in these development processes using radio broadcasts and film shows. Villagers were consulted about what they needed, and encouraged to send representatives to national development meetings held in local towns. And this was followed by money—quite sizeable amounts! And, because of all the progress that had been made in setting up systems to ensure transparency and accountability, they were also given the freedom to spend it!

Sister Bweupe: Through local committees, often run by women's groups, families were given money—real cash—to look after orphaned neighbours and relatives; to buy new farming equipment, seed, and fertilizer. There was a sea change in thinking. Early experiments in cutting out the 'middle men'—costly and centralized bureaucracy—and minimizing transaction costs had demonstrated real success. In particular, it was women's groups that demonstrated skill in making, managing, and accounting for investment: after all, women have been making household investment decisions for generations. These pilots began to move to scale. In rural areas, small programmes that had started years before really got some muscle and provided large numbers of women with credit, savings, and insurance. By 2020, an evaluation of one such programme running in West and Central Africa found that several million of women were benefiting from partnerships between rural organizations and commercial banks.

In fact, women's issues were receiving more attention in a number of countries—catalysing changes in law and regulation, particularly in relation to discriminatory employment practices; the reallocation of financial and other resources; and the promotion of changes in attitude to gender.

Dr Ibrahim: As I've said, I think that may have been because increasing numbers of women were entering politics: the elections across Africa in the first 10 years of the twenty-first century put more women into parliament than ever before, with 11 countries giving women at least 30% of the parliamentary seats.

At the Third Ordinary Session of the *Assembly of the African Union*, gender mainstreaming was a priority on the agenda and stayed there for a long time, until changes started becoming evident.

Government ministries, aided by investments in communications technology, began to adopt a more collaborative approach to resolving issues and creating policies! For example, health and education departments began to work with industry departments to make long-term plans about the kinds of training and skills they needed to provide for their people. Each new realization prompted a chain of events that built on the last, helping to create the institutions, skills, programmes, and quality of life that could lift Africa's countries and their people out of poverty.

Steve Phorano: A fine example of what you're described is the way many governments have looked after the homeless and orphaned or vulnerable children in their countries. Taking care of the next

generations became a priority on most governments' agendas—maybe it was the prompting of the 2013 *UN General Assembly Special Session on Orphans and Vulnerable Children*.

Sister Bweupe: “Our children: our future!” I remember the campaign. One of the mobile phone companies provided millions of free text messages to the campaigners...

Steve Phorano: Government policy dictated that children were not to be treated as victims, but given education, love, opportunities, and responsibility to create their own futures. And it was backed up by legal changes. It was not just their physical well-being that was emphasized, but also their mental and emotional health...

Dr Ibrahim: But they didn't work alone—just as with health care, most governments quickly recognized their own limitations. For example, in my country, the government became the coordinator—raising and channelling funds, ensuring standards of care and service, managing information. We made sure that traditional structures of authority and responsibility within African communities were involved in ensuring that all children within communities received services and resources. Cultural and religious leaders encouraged families to take more unrelated children into their homes—helping with costs and other forms of support—and clamped down on the exploitation and abuse of children within the communities they oversaw.

Interestingly, one result was growth in the number of small-scale foster homes, which, in turn, provided the people who ran them, usually women, with valuable income.

Sister Bweupe: The networks caring for these children now extend throughout all levels of African society, and out across the world: funding raised from international bodies by national governments is channelled to local committees, who are trained by the domestic and international NGOs to set up and administer community-driven initiatives.

Dr Ibrahim: And so policy became practice.

The Nadeps were followed by money—aid flows were already increasing before the review of the Millennium Development Goals in 2005—and cooperation in how we used it...

Dr Ibrahim: I'd say it was the work on HIV and AIDS itself that accelerated this process. As funding for HIV and AIDS expanded, cooperation around how to use it, rather than waste it, became a significant focus. This kind of discipline gradually spread to all areas of development.

Sister Bweupe: The review of the Millennium Development Goals in 2005 helped: afterwards, people seemed more ready to act on the idea that more resources could only make a difference if they were delivered with better coordination, and better directed by African governments themselves, with clear-cut agendas.

Dr Ibrahim: Whatever the reason... rather than waiting for a disaster to happen and the need for vast sums of humanitarian aid, donor

3

**Working together
for development**



countries began to make larger sums of development assistance available in advance. You know what used to happen: a paltry US\$ 4 million per year was invested in agriculture, and then people acted surprised when US\$ 500 million in emergency food aid was needed when the crops failed! Less than US\$ 50 million a year was given to prevent HIV, and then more than US\$ 3 billion a year was needed to treat the disease—after more than 30 million people had already become infected!

Some real efforts had been made by governments and their donor partners to work together under the plans contained in the PRSPs. However, most governments in Africa, even by 2010, had still found themselves trying to manage a plethora of donors. The political interest in antiretroviral therapy had made things even more complex: no government could easily turn down money for antiretroviral drugs, but for already overstretched ministries of health and finance it just meant more people, funds, and expectations to manage. Perhaps it was the increasing money for HIV and AIDS, together with growing volumes of other aid, that acted as the catalyst for doing things differently. By 2010, Africa was receiving almost a third of all overseas development assistance (ODA) flows—some US\$ 36 billion a year and rising rapidly. EMA09 noted that two thirds of donor *Development Assistance Committee (DAC)* countries had achieved 0.7% of GNI, and set a target date of 2015 for the rest.

Dr Ibrahim: There are many and various accounts of how this money was managed. What was clear—and I'm sure someone's made this point before—was that, for the most part, countries were better able to use big investments in social and economic sector spending than people had feared. Gradually, nearly all donors began to appreciate the value of budget support, or sector support, and the need for one national long-term development framework to guide mid-term plans and budgets, with indicative donor commitments set out for each decade, rather than in three-year or five-year cycles.

By 2012 all the major donors in the *DAC* had recognized that parallel projects did little to strengthen national systems. That is not to say that everything was centralized, or went through government budgets alone. Far from it. But the wasteful duplication of earlier days was being phased out.

By 2015, when the review of the Millennium Development Goals took place, there was only one process in each country. It was increasingly usual to find donors sharing staff, back office functions, and representing each other. National programme managers no longer spent incredible amounts of time trying to satisfy dozens of duplicative reporting requirements and hosting repetitive review missions month after month. The result was that careful management of fiscal deficits replaced compliance with fixed expenditure ceilings—and human development programmes began to receive vastly increased funding. Efforts were made to ensure that the external aid to a country rarely went above 30% of GDP, and was always backed by *IMF* sign-off on the macroeconomic feasibility of the scale-up.

Simply put, my friend, aid relationships were transformed: African governments could finally put their long-term national interests ahead of short-term programmes. In 2016 a second wave of countries—including one or two countries with policies that would previously have excluded them from



the aid relationship—signed Nadep agreements with donor partners, followed by a third wave in 2019. By 2020, nearly 30 countries had transformed their international aid partnerships, and significant resources were being handled by African regional bodies.

It had been said before that more aid was not the solution. And, of course, this was right: more aid was not a solution in itself. However, the Nadep process enabled development assistance to be used where it could make the most long-term change—creating a virtuous cycle of funding and development. Money channelled through Nadepts into education, health, agriculture, infrastructure, and communication in turn provided the capacity to implement the Nadepts more effectively.

And of course, all this was a major boost towards achieving the MDGs, although the scale of ambition in the Nadepts meant that the MDGs were no longer the only thing people were working for. Nonetheless, it was clear that real progress was being made. So when the review of the MDGs came in 2015, although few countries had actually already achieved the targets, their trajectories were on the right course and, 10 years later, very few countries had not achieved—or bettered—the targets.

Dr Ibrahim: In addition, slowly, the mechanisms being used to address debt were recognized as being unsustainable and unfair. By 2010, the failure of the *HIPC* process to deliver what it called ‘sustainable levels of debt’ had discredited the process. Many countries in Africa were still paying more back in debt service than they were receiving in grants and new loans. Moreover, many indebted countries had paid their debt off two or three times over, yet still spent more on debt servicing than on health. Altogether, in 2010, Africa’s debt stood at US\$ 120 billion, representing both old debts and new ones. In response, the *EMA10* process put in motion a mechanism to cancel debt once and for all in the poorest countries, within a two-year time frame, using *IMF* gold sales and *IBRD* resources, and through deeper *G8* commitments. By 2012, most countries had dramatically reduced the burden of debt—and this also helped the financing of the Nadepts. A sizeable chunk of the new resources went into *HIV* and *AIDS* prevention and treatment—committed to ending the worst epidemic in history.

To be sure, the bill, across Africa, was a big one. But growing government domestic resources, generous contributions from donors, topped up with individual out-of-pocket spending, meant that we didn’t have to compromise, or to make tough choices. Treatment was rolled out to the growing capacity of health systems. And prevention programmes were not compromised. We did everything we could.

4

Trading on strengths

Imagine, we Africans used to trade all we had—and the buyers would decide the price!

But this had changed, too. Over this period, individual African countries became more productive and more competitive exporters. But they also recognized that they needed to work together: when Africa negotiated as a bloc, everyone stood to gain, while when Africa spoke with many different voices, the world was far less likely to listen.

The idea of working together was not limited to the African continent: a new, more equitable era of multilateralism was dawning. It took both African and international efforts to lift Africa out of the ‘commodity trap’. It was no longer a case of pursuing open borders at any cost. Full multilateral integration would not bring benefits to Africa: it had to be paced.

Perhaps you can tell this part of the story?



Steve Phorano: Ah yes... This is the story of the birth, in 2010, of the **EBA+ (Everything But Arms Plus)** initiative. It was during the **G8** meeting in Novosibirsk that Japan and Canada took the decision to provide the least developed African exporters with preferential market access: no tariffs, phasing out of escalation tariffs, and above all, very light and non-restrictive conditionalities, so that **HIPCs** could take full advantage.

The preferential access to **HIPCs** in Africa extended, rather than reduced, the preferential treatment of the poorest countries—attempting to boost these countries' future competitiveness.

It seemed everyone wanted to join in! When the **African Growth Opportunity Act** expired, the United States offered a low-conditionality preferential trade agreement to **African HIPCs**.

This, in turn, had a series of knock-on effects: for example, the **Doha Round** of trade talks was salvaged, ensuring a development round that brought real benefits to the world's poorest countries, as well as to middle-income countries. Within Africa, over two decades, rates of poverty decreased, in both relative terms and in real numbers. Across Africa, instead of 300 million people living on less than **US\$ 1** per day, by 2025 this number had fallen to 220 million. This translates to a remarkable reduction from almost 50% of sub-Saharan Africa's population to just over 20%.

Between 2010 and 2020 there were significant shifts in negotiations at the **World Trade Organization (WTO)**: growing pressure to enable more poor countries to engage in the governance of the world economy helped to shift agendas; and new coalitions of countries providing Africa with support in the new trading rounds.

More sophisticated, fairer, and integrated rules ensured that the poorest countries in Africa did not lose out—who could believe it? By degrees there was a discernable move towards pursuing a global economic agenda that calibrated the freeing of markets with poverty reduction programmes, and balanced the rules of global trade to protect the interests of the poorest and middle-income countries, rather than only the well-being of the richest ones.

There were also developments in the trade-related aspects of intellectual property rights (**TRIPS**) agreement, further ensuring that it was compatible with public health and welfare, and offering poorer countries the flexibility to decide when, and in what sectors, they wanted to use patent protection.

Will you tell us more?

Steve Phorano: As the new millennium unfolded, there was increasing consensus on the need to overcome the emotive opposition between access to life-saving medicines and the global extension of intellectual property protection. The spirit of social justice and collective global responsibility resulted in landmark arrangements to regulate the supply of medicines. African countries could keep access to low cost drugs!

Over the next decade there was growing international interest in new models of medicine development that maximized poor people's access, while supporting the innovation required to produce new medicines. The success of groundbreaking campaigns—you remember the **Drugs for Neglected Diseases Initiative** and the **Medicines for Malaria Venture**—showed civil society and public research institutes joining forces with private research companies and governments to address the lack of research and development



of medicines for some of the world's neglected diseases. Innovative public/private collaborations began to tap Africa's research potential more effectively, in everything from biodiversity, benefit-sharing agreements harnessing traditional knowledge, and global drug and vaccine development partnerships.

Since around 2020, an international treaty-based framework has been established to provide the legal and financial infrastructure to support the development and manufacture of affordable essential medicines. Many of the compounds of potential use in treating the diseases most affecting the poorest countries are taken forward as 'open source' projects, which enable countries and individuals to offset costs and pool capabilities. Free online access initiatives for academic journals have become increasingly widespread.

Moves to enhance and extend the *Food and Agricultural Organization (FAO) Treaty of Plant Genetic Resources for Food and Agriculture* have continued to gather momentum. In 2021 an international databank was set up to catalogue the geographical sources of genetic resources and traditional knowledge, linked to local libraries of traditional knowledge and minimum search documentation lists of processing patent offices. This provides a valuable source of revenue to some developing countries.

Dr Ibrahim: I should point out that many feel it's the development of an HIV vaccine that is one of the greatest successes of the new international regime. The public-private partnership in vaccine research and development is widely appreciated as the reason, and these collaborative initiatives extend into the manufacture of vaccines—in the burgeoning industrial facilities situated across Africa.

Business far from usual...

Meanwhile, gradually over this period, more companies were becoming more widely engaged in development. Those who ran the big companies moved from following a model of corporate philanthropy or social responsibility to a wider understanding of their role as agents of social change.

By 2019, most multinationals had developed a 'foreign policy', which went beyond public relations to something far more extensive—far-reaching partnerships in a range of activities that helped build communities and even national governance capacities.

Companies aimed to be as transparent as possible in their activities, breaking the silence about how they may have fed conflict in the way they awarded contracts, gained access to land, or dealt with community representatives. In turn, they were—indeed, they still are—increasingly scrutinized by governments and society. The expectation has also developed that they will play a role in helping to create conditions for peace—not just within the countries where they operate, but across the continent.

5

Human hearts and human rights

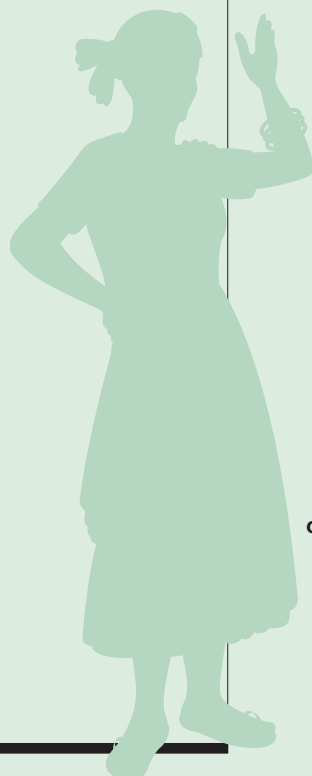
At the heart of my story are the changes that were taking place in the relationships between men and women. In fact, I think we can say that without this transformation, none of the others would have worked!

Reductions in poverty—and vulnerability to HIV—could not have been brought about without these fundamental changes, without empowering girls and women. But this is not just about one gender: importantly, it is about the new social 'scripts' that were emerging for both sexes in the first quarter of the twenty-first century.

School's in

In 2000 it was already understood that education was probably the single biggest contribution that could be made to improving the life chances of girls, but that education would not, on its own, be enough to tackle all the inequalities





deeply rooted in political, economic, social, and cultural life. Throughout the period 2000 to 2010, the first step—and greatest challenge—was to get girls into school, especially those from poor rural households, and, after they were in school, to keep them there for six years, or even nine. In these early years, enrolment rates were particularly low among rural girls in Islamic countries.

Sister Bweupe: But we didn't make it for a while, did we? We failed to reach the targets for primary and secondary education by the end of 2005.

Dr Ibrahim: Maybe it was this disappointment, together with a reawakening women's movement, that galvanized action: gender and education strategies; national sensitization programmes; the provision of girls-only schools and classes; bursaries and stipends for girls, particularly for secondary and tertiary education; and girls-only education voucher schemes for poor households to send girls to school. An increase in well educated women teachers provided new role models for girls.

By 2015, most countries were very close to meeting the MDG target.

Confidence grew. A new generation of educated girls developed a greater sense of self-worth, a belief in their ability to control their futures. As these girls became mothers, they socialized their sons differently: little by little, expectations about behaviour began to change.

In some countries, new women's movements began to emerge: challenging the existing social order head-on required strength in numbers, particularly when the issue was HIV and AIDS and women's vulnerability. It was a huge taboo to break: for many women, challenging men's behaviour meant questioning male domination—and that was unheard of. But more and more women did. In the past, even educated women had not dared to challenge their husband's behaviour, but over the period 2010 to 2020 something new started to happen.

Dr Ibrahim: This was undoubtedly related to the major cultural changes that were taking place across Africa and in the Middle East.

Sister Bweupe: We've already mentioned urbanization, haven't we? This surely had a part to play, helping new ideas about individual identities to emerge.

Steve Phorano: I think we also have to point to the growth in religious revival. Many people argue that the emphasis on personal self-esteem and individuality in many of the new churches tapped into a wave of social change, and mosques, too, were important sources of a sense of community revival. Much of the religious leadership may still be predominantly male, but they did bring new opportunities for women, and certainly a new confidence.

Leapfrogging
communications...
and aspirations

World-spanning communications were also playing their part in shaping these new social values. For so long, Africa had lacked so much basic infrastructure—wires, cables, paved roads—but, as prices dropped, African countries were able to leapfrog wire or line-based telecommunications systems. People had ways of communicating that were cutting-edge, cheap, and easy to use. Suddenly, everyone was talking on mobile phones and internet cafés were springing up across the continent—even in remote rural areas!

Steve Phorano: People were connecting with other people across the world. The results were extraordinary—suddenly it was possible to send information, warnings, pleas for help, all instantaneously.

In some areas, these new technologies were used by governments to provide education for their people. Before people could afford their own equipment, they used to set up screens in the village squares... How quiet it was on those evenings when the educational programmes came on!

Other people were buying their own equipment, using microcredit to raise the funds, or teaming up within communities to raise money through social banking.

Dr Ibrahim: Of course, there can be no technology without the energy to power it. An increasing number of modular, decentralized energy systems started to flourish—wind energy, photovoltaics, biomass, fuel cells, small hydroelectric plants...

Again, these were not without teething problems, but lessons were learned and quickly spread... A number of these projects were started or boosted by private sector consortia—for example, energy companies teaming up with development banks and NGOs.

Via all these links, changes flowed—goods, information, music, fashions, ideas, money... People, separated by continents, history, and cultures were brought together by economic supply and demand, by political ideology, by religion. Many religious movements have ties with similar groups abroad, especially in the US. Obviously, these were useful connections through which Africans could raise funds and support, but they also acted as conduits in the other direction, helping those abroad to understand the lives and experiences of their African brothers and sisters.

More and stronger alliances developed, with greater popular involvement, particularly between cities. The *Forum of the World Alliance of Cities Against Poverty (WACAP)*, for example, had grown to include people from cities in 149 countries by 2020, with some 2000 cities forging links with each other to challenge poverty and underdevelopment wherever it was found. Seeing themselves as a laboratory for new international relationships, groups from cities developed remarkable links with partner cities: Marseilles supported Abidjan; Budapest twinned with Addis Ababa; even small rural towns began to join in. City connections spread to other local bodies, as models of governance were shared, and solutions to urban violence, poverty, and slums were explored.

They were little links, but they were many... and remember what they say in Gambia—giant silk cotton trees grow from very tiny seeds. In the same way, each of these thousands of little connections helped to build great chains of understanding—chains strong enough to raise hope and support crucial changes. And these connections reached deep into communities, into the most remote rural villages—bringing information and training about human rights and healthy living, all of which was desperately needed.

Steve Phorano: As I tell my students: this is where Dr Amanzi's 'Virtuous circle of aspiration' comes into its own. Back in 2011, Amanzi described how more and more people across the continent were being exposed to modern values and lifestyles—either when they moved to one of Africa's expanding cities or via the TV, cinema, or internet—and aspiring to them. However, rather than being blocked from achieving them by limited opportunities and becoming frustrated or hopeless, the new possibilities of this era meant that most people





believed that their aspirations could be realized. Every day, they saw and met people who were achieving their goals, and they began to believe that they, too, could do the same.

Dr Ibrahim: But it's important to add that not only could they, but they also believed they had the right to do so. This was catalysed by the increasing emphasis on the importance of human rights—spreading at every level through African society, through the expanding cities, into rural areas, even reaching local community organizations... And when these rights were contravened: well, the spread of new technology meant that national and international opinion could be mobilized—within minutes. We had never seen anything like it!

And it was happening at every level. Whereas before, the deep reluctance of African leaders to speak out against other leaders had hampered collective, pan-African governance, this began to change. Pan-African and international mechanisms that had been largely theoretical began to develop teeth. Tell us, Doctor...

Dr Ibrahim: By 2007, the *Pan-African Parliament* had gathered more signatories across the continent. Two years later, it was not only physically and institutionally established, but its advisory powers were strengthened by legislative powers.

Steve Phorano: Cases began to appear before a reformed, more proactive *African Court for Human and Peoples' Rights*, successfully challenging the persecution of individuals and groups, restrictive legislation, or the violation of human rights by certain African governments. For the first time, international human rights treaty bodies were used when governments failed to comply with international agreements to which they had assented. The growth of a number of talented, pan-African legal activists helped to turn the spotlight on national judiciaries, and the need for reform and investment in these too.

Meanwhile, beyond Africa, the *Global Framework on Arms Sales to Africa*, was brokered by a network of civil society pressure groups under the umbrella of the *Global Network on Arms* and ratified by the *UN Security Council*. Countries that sold arms to African countries, outside of a strict *UN* code, were heavily sanctioned and government individuals and organizations caught selling arms outside of this code now faced the *International Criminal Court* in The Hague.

6

Planting peace

Across regions
and the
continent

Of course, none of this happened overnight, but gradually, like the cool shade of a tree, peace was spreading over Africa...

Between 2006 and 2010, a coalition of foreign powers wrestled to win the so-called global war on terror. Africa dropped down the international agenda—her leaders were, more or less, left alone to take care of their countries. We've already described how they responded at a national level—now we will turn to how they worked together. Doctor, I know you wanted to tell this part of the story...

Dr Ibrahim: At last! Well, we can summarize it all by saying that these new leaders helped to establish the real political legitimacy and relevance of the *African Union*, replacing rhetoric with action.

Naturally, not all leaders initially subscribed to the ideas of the *AU* or ratified the protocols that gave the *AU* powers over them. But,

in the end, most were too afraid of losing their power—particularly as the *AU* and its agencies grew in power. In turn, the various instruments of the *AU*—such as the *Partnership for Africa's Development (PAD)* (previously called the *New Partnership for Africa's Development, NEPAD*); the *African Peer Review Mechanism (APRM)*; the *African Court on Human and People's Rights*; the *Pan-African Parliament* and the *Peace and Security Council*—all helped to promote good governance. It has to be said that the *APRM* had a shaky start, but operational procedures were simplified and members of civil society were included in its process.

On *NEPAD's* tenth birthday in 2012, there was certainly something to celebrate! *NEPAD* was genuinely promoting good governance, development, peace, and security on the continent. It was relaunched as the *Partnership for Africa's Development (PAD)*—an instrument of the *AU* that acts as the development arm. *PAD* remained committed to *NEPAD's* objectives and values, but employed different operational structures and strategies to respond to the continent's development challenges.

Critical to *PAD's* success was Zanzii Bangura—the second woman chairperson of the *AU* (2012–2017). She was able to attract and mobilize resources and people from around the world, helping to reverse the crippling poverty and underdevelopment that had plagued the continent for decades. The inclusion of the *PAD* agenda into public service training and practice, as well as the *Nadeps*, enabled it to work in tandem with government parastatals and agencies across the continent.

By 2015, African leaders regularly took part in *OECD* and *G77* peer reviews under the *PAD* banner. To bolster the work of the *AU* and its bodies, a series of tough anti-corruption commissions and anti-money laundering initiatives were established, along with other transparency initiatives, such as the *Extractive Industries Transparency Initiative*, and its African-led successor, the *African Extractive Industries Transparency Compact*. They have earned much success.

The *Pan-African Parliament*, which had only advisory and consultative powers at its inception, was vested with full legislative powers by the *AU Assembly*. The *Africa AIDS Prevention Act* in 2009 was one of its major pieces of legislation: this had a profound impact on the response to HIV and AIDS on the continent. It had four strands: first, a series of regional and pan-African measures aimed at reducing poverty; second, the establishment of a series of norms and targets for educating all children, particularly girls; third, strategies for ensuring crossborder health care and the treatment of refugees, including the establishment of health centres providing a full range of services, such as *STI* treatment, the provision of condoms, counselling, and testing; and, finally, the establishment of a pan-African initiative for the development of new HIV prevention technologies.

Thank you...

Dr Ibrahim: But I don't want to leave you with the wrong impression! Clearly, not every country followed this trajectory. Some countries, particularly in North Africa, looked to Europe and to the Middle East, rather than to their peers in sub-Saharan Africa (SSA). But by 2005, at least 10 or so SSA countries had sorted out many of the governance problems holding them back. By 2015, this number had doubled, and by 2025, it had grown still further.



From war to peace... **Steve Phorano:** But none of the governance agenda would have been possible if Africa hadn't dealt with its conflicts. It seems incredible now, but at the turn of the century, 28 out of 48 countries in sub-Saharan Africa were affected by some kind of civil or crossborder conflict. Many had their origins in disputes over access to resources, political power, or historic feuds.

You're right. And conflict threatened to undermine all other development, and intensify the spread and impact of the AIDS epidemic. Thus, inevitably, a vital part of the new African agenda for the twenty-first century was conflict prevention and the promotion of peace and security. Acknowledging the domino effect of conflict—by which I mean the way conflicts in one country fuel insecurity and instability in a neighbouring country—many leaders demanded high levels of international and regional cooperation.

Steve Phorano: In response, the *AU's Peace and Security Council (PSC)* was established in 2004—and this triggered changes in the management of Africa's security agenda and the restructuring of its security architecture. At the same time, a series of *AU-PSC-backed National Commissions for Ethnic and Religious Dispute Resolution* were instituted. I think you've been involved in this, haven't you Doctor?

Dr Ibrahim: Indeed. *The AU Peace and Security Council* and the *Pan-African Parliament* have taken the front seat in dispute resolution: they can step in early if there are signs of conflict developing.

In the few instances when conflict has erupted, the *PSC*—with international support and *UN* backing—has deployed the *African Standby Force* to engage in peacekeeping, peacebuilding, and any necessary reconstruction.

As more countries have signed up to the *APRM*, the *African Standby Force* has been increasingly able to intervene in humanitarian disasters, violent conflict, military incursions or coups, and excessive human rights abuses or genocide in other countries. As more African countries have signed the *Common African Defence and Security Pact*, full blown conflict has gradually become a thing of the past.

Sister Bweupe: Meanwhile, antiretroviral therapy has kept the national and regional armies standing, combat ready, and prepared for deployment. Indeed, one of the most effective military programmes has been the HIV-prevention work, managed by coalitions of the military, NGOs, and the *UN*.

Steve Phorano: After all, there was little point in disarming and rehabilitating soldiers merely for them to die from AIDS. For a long time, most armed combatants could see little future outside of the military: an early death from war, from AIDS, or some other cause seemed inevitable.

Sister Bweupe: But as more and more young men and women completed nine years of school, as jobs—real jobs—have become available, their hope has grown. HIV prevention has taken hold; condom use had increased. Ready access to antiretroviral therapy formed another incentive for the army to stay loyal, helping to avert the possibility of coups and politico-military insurrections. The few rebel groups still in existence have high HIV prevalence rates in their ranks and this has weakened both their cohesiveness and their battle readiness.



In the end, the accumulation of development gains has just made conflict too dangerous. The growth of democracy, increased oversight mechanisms, and a strong movement of pro-democratic activism has led to new levels of accountability. Of course, there is still corruption and there are still conflicts—but they are no longer the norm.

Virtuous cycles So, you see, it's difficult to pin down any first cause, any straightforward chain of events: you could say it was leaders creating democratic structures that helped to strengthen civil society—or that civil society pressure prompted leaders to change their attitudes or remodel their country's constitutions.

You could say it was African governments building their nations, making long-term plans, and being accountable that encouraged donors to provide more aid—or that leaders were able to achieve economic and political reform because they were receiving more resources from abroad. Whatever the first cause, improvement has built on improvement, whichever way you look at it.

Dr Ibrahim: It's true: as peace has deepened, and most countries have established macroeconomic stability, the investors have flocked to Africa. African countries are increasingly integrated into the new international economy—not just as buckets of resources, but increasingly as markets for consumers, with a growing demand for international products. As new business has moved into Africa, so too has the diaspora: there are more and more reasons for returning home.

Meanwhile, even by 2025, aid dependency was levelling off in many countries, even diminishing. The imperative to reduce poverty has gone a long way to do just that in most of Africa. The struggle against HIV and AIDS and for improved economic development has been in line with priorities, agendas, and strategies devised by African countries and regional African organizations, in consultation with both civil society and the private sector. And in partnership with the rest of the world.

HIV has gradually become—to many—an avoidable disease. Greater openness and honesty has grown around the social issues of HIV and AIDS and slowly unlocked changes in behaviour that help to reinforce prevention methods. Stigma dissipated and there was less discrimination; people began to talk more openly about avoiding HIV. The 'ABC' of prevention was reworked: 'A' became "Acknowledgement of the realities of sexuality"; 'B' became "Behavioural change (with a goal of responsible, mutually satisfying, safer sex)" and 'C' stood for "Communicating". In all these areas, people living with HIV and AIDS played—and continue to play—a pivotal role. An increasingly powerful political constituency, they have kept HIV and AIDS, and the context in which it is spread, firmly in the public eye and on the political agenda.

Sister Bweupe: We must say something about the advances in biomedicine... It's hard to imagine a world without the vaccine, for example. And yet, it took much longer to develop than was expected...

After the first vaccine appeared in 2015, a new, improved vaccine was expected to become available by 2020, providing lifetime protection and 80% efficacy. In fact, it took until 2025 for this vaccine to be developed—it worked across all the types of HIV strains in Africa, and needed two doses over one year and boosters every 10. In the last 10 years, it has been added to infant immunization programmes in an increasing number of countries.



Then, of course, there was the microbicide—available in Europe in 2014 and in Africa just a year later (not widely, but certainly for women in high-risk situations). And it was cheap, subsidized by governments anxious to protect their young people. Within five years, microbicides were easy to purchase and easy to use. And by 2025, who could remember life without them, both the contraceptive and non-contraceptive version?

But the focus on tackling HIV and AIDS has not detracted from other health or development issues. Coupled with buoyant economic growth, and the continued large budget support investments from donors, this meant that the total quantity of money going into the social sectors, particularly health and education, was growing every year. Sister?

Sister Bweupe: By 2015, the malaria burden stabilized at a lower level thanks to new forms of prevention—new insecticides and so on; and by 2020, the development of an effective malaria vaccine completely changed the issue. TB presented much more of a challenge, because of the continued coincidence of the TB and AIDS epidemics. But wider access to antiretroviral therapy did lower TB incidence, while TB prophylaxis was also more widely available in areas which antiretroviral therapy programmes still hadn't reached. Between 2010 and 2020, new diagnostic tests and drugs for TB were developed and, in 2016, the new TB vaccine appeared. By 2020, it was widely available. Imagine life without it now!

Growing pains **Dr Ibrahim:** But we mustn't forget...

You're right—it wasn't all simple. Some people felt anxious about the cultural changes that were happening: increasing links with international communities, diaspora networks, new religious movements, globalized media, and new communications technologies meant culture was constantly sloughing off its old skin, continuously being redefined. People were developing new values, reaching for new aspirations—especially young people—and more Africans were moving to the cities in search of better prospects.

By 2020, cities and newly urban areas were home to increasing numbers of people aspiring to consumer lifestyles. And, yes, sometimes these improvements had darker aspects... We can see now, from 2030, how dangerous that new wealth could be, how seductive it was suddenly to have money in your pocket.

Dr Ibrahim: We've all seen "*City Slicker*"—it told the story very well: affluent young men, separated from their homes and families, lonely in the big cities, might want, might need, to find pleasure and comfort in the growing red light districts of the towns.

Sister Bweupe: But every cloud... one thing that film didn't point out is that, in some ways, these developments actually made prevention efforts easier: because commercial sex became more visible and easier to make safer.

Dr Ibrahim: Still, there was a point, you have to admit, when it seemed that new resources and growth were making people angrier—those who still didn't have anything were angry with those who were suddenly doing better.

Steve Phorano: But I see that changing now—as more people have benefited from the transitions that are happening, and the gap between rich and poor has narrowed, even though there is still a long way to go.

People were worried—still are worried—about what these changes might mean for our traditional values and cultures. They argue that we have gone too far, too fast—they tell me that no one should test the depth of a river with both feet.

Others have pointed out that it is impossible to hold culture still; and besides, by 2025, these changes were already unstoppable, as more people were living in cities, travelling, changing.

Of course, none of this happened overnight: as they say, the moon moves slowly, but it does cross the town. For the last 30 years, the changes that have taken place have brought peace, even some prosperity, spreading over Africa. This new story is always gaining strength—more and more people are involved in its telling.

They also say on the Zambezi River that if you don't row hard enough up river, the river will surely take you down.

We have rowed hard enough, even if both our feet were wet!

You who have listened are part of this story.

Now the story is yours to carry on. You are storytellers, just as I am.

So... what story shall we create for Africa now?



One World Special edition
Sara Afrika's oral history telling: Times of transition

In the remainder of this article, and in line with its practice of providing summary historical data, *One World Review* presents an overview of some of the key indicators that help illustrate the progress achieved during the first 25 years of this century.

Times of transition: An overview

The human toll

By 2025 the number of people living with HIV and AIDS had fallen from 25 million in 2003 to 15 million, despite the fact that the population had grown to 1.4 billion from 0.9 billion in 2003. This represented a fall in overall adult HIV prevalence from 5.6% to 1.9%. The number of new adult infections annually had dropped by almost half since 2003.

The gender bias had begun to even out, but women were still more adversely affected. Adult male HIV prevalence dropped from 4.9% in 2003 to 1.6% in 2025, and female prevalence from 6.4% in 2003 to 2.2% in 2025.

The scaling up of antiretroviral therapy provision had been dramatic: from less than 77 000 people in 2003 to 3.4 million by 2025, representing just over 70% of those who needed it.

However, the number of people dying from AIDS, despite the lengthening of their lives with antiretroviral drugs, had continued to climb. By 2025, 53 million adults and 15 million children had died since the beginning of the AIDS epidemic. The annual number of deaths was also still high, reflecting the fact that reducing the rate of infection was taking time to work through the population. In 2025, 1.3 million adults across Africa died from AIDS, and 260 000 children.

Costing action

Prevention and care initiatives prevented a steep rise in the numbers of children orphaned by AIDS, but a significant problem remained, with the number of children orphaned by AIDS rising from 13 million in 2003 to 18 million at the end of 2025.

Comparing the first and last bars in **Figure 61** illustrates how resource allocation changed between 2003 and 2025. There was a steady balancing of expenditure, reflecting the equal importance placed on each of the three components. The allocation to care and treatment began to decline from around 2015, as the actual number of people living with HIV and AIDS began to fall.

Over the 23 years, responding to the epidemic required investments of nearly US\$ 200 billion, within a larger overall package of investment in health, education, infrastructure, and social development. HIV- and AIDS-specific funding increased at a year-on-year rate of more than 9%, and there was a very rapid increase in expenditure on prevention, and orphans and vulnerable children in the initial years, 2003 to 2007. Thereafter, expansion

Figure 61 Annual expenditure on HIV and AIDS, by component, 'Times of transition', 2003–2025

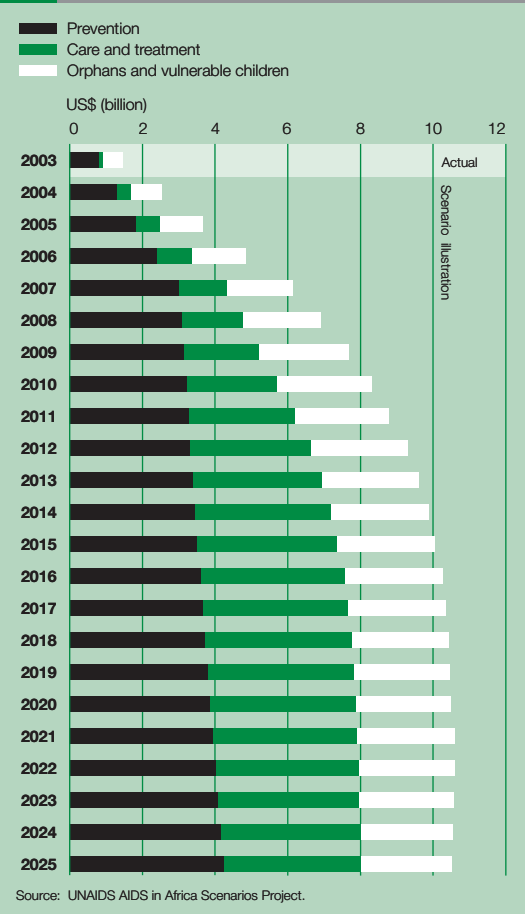
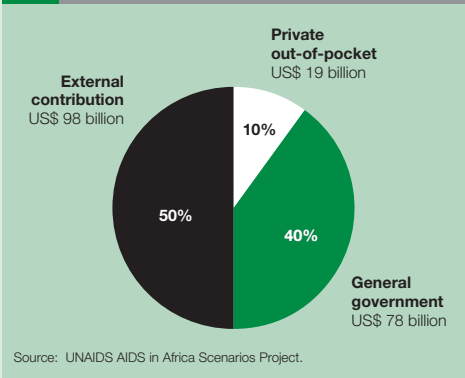


Figure 62 Total expenditure on HIV and AIDS, by source 'Times of transition', 2003–2025



continued at a more moderate pace. Care and treatment expenditure expanded rapidly to 2012, in order to provide access to nearly 50% of those who needed antiretroviral therapy, and then increased more slowly to achieve more than 70% coverage.

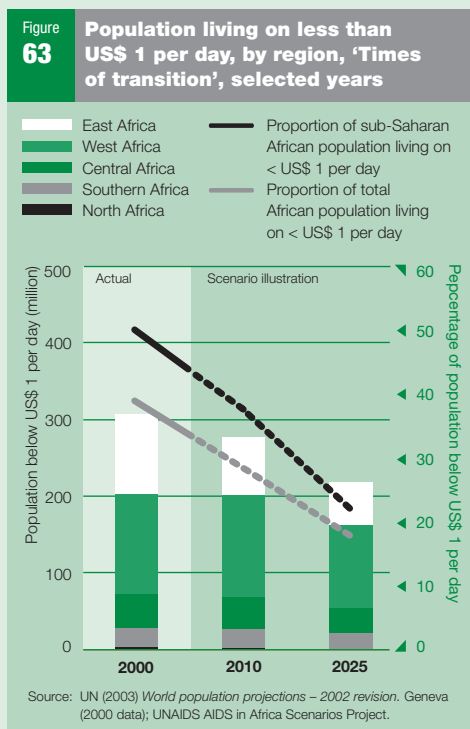
This slower increase reflected the fact that expanding care beyond the capacity of existing health systems was a time-consuming and painstaking process. Expenditure on orphans and vulnerable children levelled off at the rate of population growth after 2012.

The total package, although large, was not an astronomical sum. By comparison, it was less than half of what the United States spent on new vehicles in 2003¹.

During the period, economic growth was 4% (real GDP growth, not taking into account inflation) and the Abuja target was met (15% of government spending is on health). At the same time, overall government budgets grew at 1% per year. Overall, national governments contributed 40% and individual out-of-pocket contributions 10%. External contributions accounted for the remaining 50%. A full explanation of what is included in these expenditures is in **Appendix 1**.

Most *Development Assistance Committee (DAC)* countries did, in fact, reach the 0.7% of GDP target for official development assistance (ODA). Even if the entire budget for Africa's HIV and AIDS programme had been paid for through ODA, the US\$ 10.5 billion needed in 2025 would have amounted to





a mere 3% of ODA to Africa in 2025. DAC economies had grown strongly, at an average of 3% per year. African economies had also developed, and the decade 2015–2025 saw a gradual transfer of HIV and AIDS costs from external contributions to domestic budgets. Out-of-pocket spending remained steady. In 2003 external contributions to the AIDS sector were estimated to be just over a US\$1 billion. Over the next decade this figure grew steadily until 2014, when annual external contributions were estimated at US\$ 6.8 billion. Stronger economies, more generous health budgets, and a levelling off of the amount of resources required for programmes meant that, in the years 2015 to 2025, dependency on external aid flows decreased, slowly but significantly.

Although the costs of the programme continued to rise, aid dependency decreased over time after peaking in 2014, declining to a little over US\$ 1.3 billion once the majority of costs were covered by stronger economies and more generous health budgets. It is true, however, that budget deficits continued to plague governments and individuals. Fortunately, donor countries and international finance institutions took a more relaxed view of these deficits.

Eastern, and West and Central Africa faced the greatest costs, but also received the largest proportion of ODA as the commitments made at Monterrey in 2002 and in the EMAs of 2009 and 2010 materialized.

Southern Africa required 30% of external contributions over the 23 years, but it was in a far better position to cover the remaining costs, thanks to improved economic growth and larger budgets. The region was left with smaller budget deficits than East and West and Central Africa.

North Africa, like Southern Africa, was better able to cover costs through government funds. However, this was primarily due to much lower infection rates and far lower HIV and AIDS programme costs.

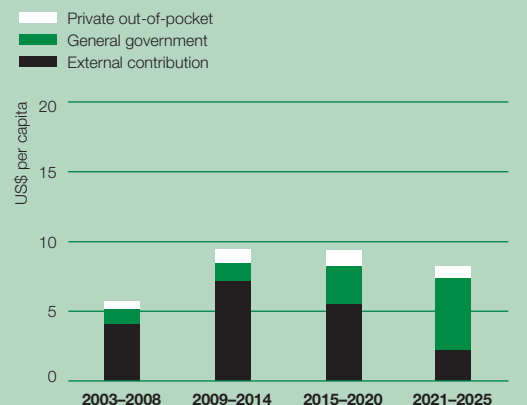
Millennium Development Goals

Most parts of sub-Saharan Africa had significant problems in shifting the trajectory towards achieving the MDGs in the early years of the century. However, the recommitment from African leaders and their international partners in 2005 really did begin to turn things around. The Extraordinary Meetings and Agreements (EMAs) of 2009 and 2010 provided additional impetus, as did the large investment of social sector spending from African governments and their partners. By 2015, it was clear that the trajectory had significantly altered and, while few countries achieved the targets in 2015, across sub-Saharan Africa the targets were met by 2025, with some countries achieving them well before that date. North Africa made rapid progress against some MDGs, and slower progress against others. The ratio of boys to girls in education and the primary school completion targets were achieved by 2015, as was the under-five mortality target.

Poverty

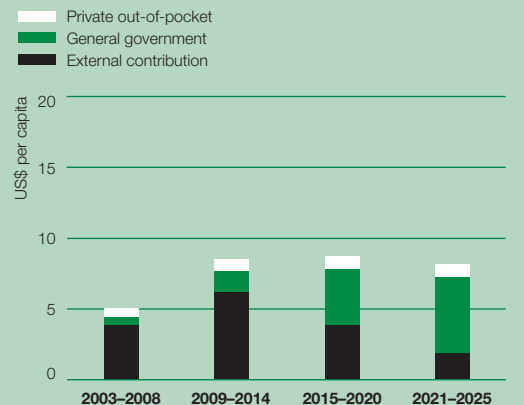
Both the proportion and the actual number of people living on less than US\$ 1 per day in Africa reduced in the period 2003–2025: from 40% to 18% (in sub-Saharan Africa: from 50% to 22%) and from 306 million to 217 million. The greatest reduction in poverty was observed in East Africa (down to 56 million), with a 23% reduction in Central Africa (to 34 million) and around a 20% reduction in West and Southern Africa (to 21 million). The number of poor in North Africa reduced most significantly, by over 60% to 1 million.

Figure 64 Average annual per capita expenditure on HIV and AIDS in East Africa, by source, 'Times of transition', 2003–2025



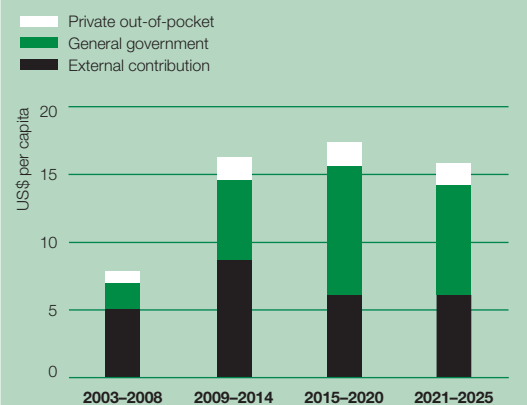
Source: UNAIDS AIDS in Africa Scenarios Project.

Figure 65 Average annual per capita expenditure on HIV and AIDS in West and Central Africa, by source, 'Times of transition', 2003–2025



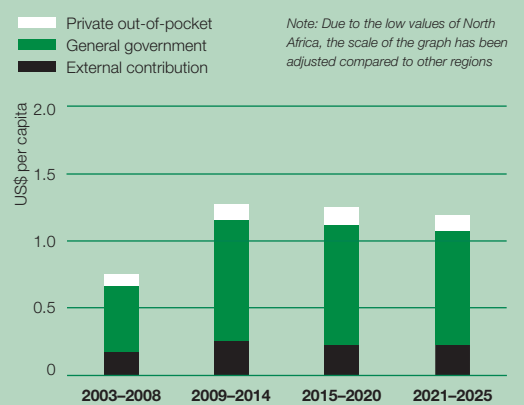
Source: UNAIDS AIDS in Africa Scenarios Project.

Figure 66 Average annual per capita expenditure on HIV and AIDS in Southern Africa, by source, 'Times of transition', 2003–2025



Source: UNAIDS AIDS in Africa Scenarios Project.

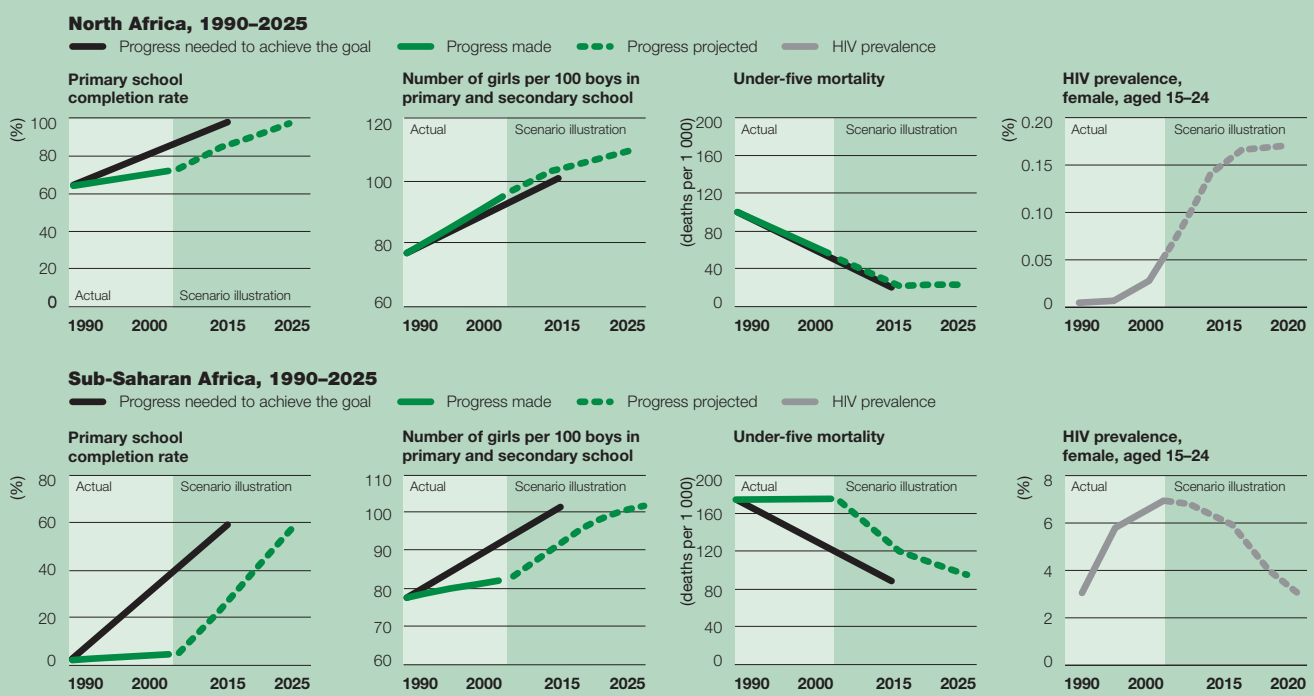
Figure 67 Average annual per capita expenditure on HIV and AIDS in North Africa, by source, 'Times of transition', 2003–2025



Source: UNAIDS AIDS in Africa Scenarios Project.

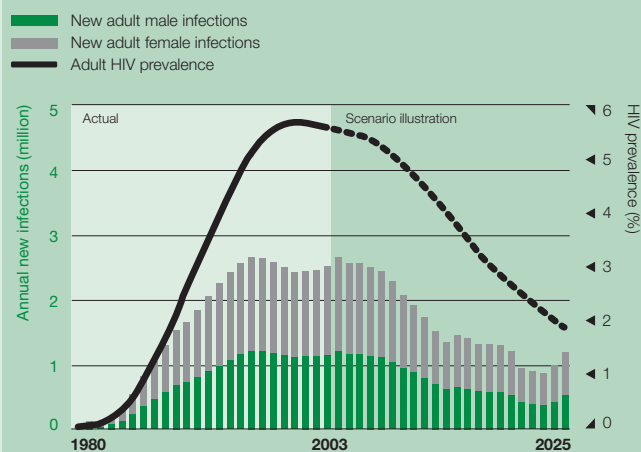
Note: Due to the low values of North Africa, the scale of the graph has been adjusted compared to other regions

Figure 68 Progress made against Millennium Development Goals in North and sub-Saharan Africa, 'Times of transition', 1990–2025



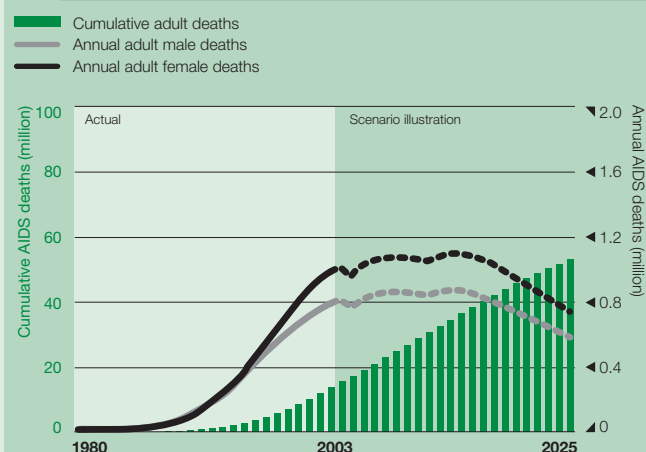
Source: UNDP/UNICEF (2002), *The Millennium development Goals in Africa: promises and progress*, New York; UNAIDS AIDS in Africa Scenarios Project.

Figure 69 Annual new adult HIV infections and adult HIV prevalence in Africa, 'Times of transition', 1980–2025



Source: UNAIDS (2004) 2004 report on the global AIDS epidemic. Geneva (historical data); UNAIDS AIDS in Africa Scenarios Project.

Figure 70 Cumulative and annual adult deaths from AIDS in Africa, 'Times of transition', 1980–2025



Source: UNAIDS (2004) 2004 report on the global AIDS epidemic. Geneva (historical data); UNAIDS AIDS in Africa Scenarios Project.

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All Africa overview

Adult HIV prevalence across Africa decreased from 5.6% in 2003 to 1.9% in 2025. This was the result of an expanded response to the epidemic, involving different types of prevention interventions, and care and support activities.

The difference between the number of new infections among women and among men was also reduced as a consequence of successful prevention programmes that focused on gender issues. In 2025 there were 650 000 new adult female infections and 540 000 new adult male infections.

Adult deaths from AIDS per year declined from around 810 000 men and 1 million women in 2004 to around 580 000 men and 740 000 women in 2025. The pattern of an initial decline followed by an increase in annual deaths after 2013 was due to the pattern of antiretroviral therapy coverage and roll-out. Antiretroviral therapy coverage increased rapidly until 2010 and then increased much more slowly to 2025. During the rapid increase, many deaths from AIDS were postponed by successful therapy. After 2010, however, people who had been receiving therapy for a number of years begin to fall ill and die. The number of new people beginning therapy after 2010 was not significant enough to balance the increasing number of deaths of those who had been on therapy for a number of years.

Over this period the number of cumulative deaths was still high, despite massive efforts to roll out antiretroviral therapy. Given the high rates of infection at the beginning of the period, the limited effectiveness of therapy, and the time it takes for prevention programmes to reduce overall infection rates, it is difficult to see how these deaths could have been prevented. By 2025, the cumulative number of adult deaths from AIDS since 1980 had reached nearly 53 million.

Antiretroviral therapy was successfully and rapidly rolled out so that, by 2025, 73% of people who needed antiretroviral therapy were receiving it.

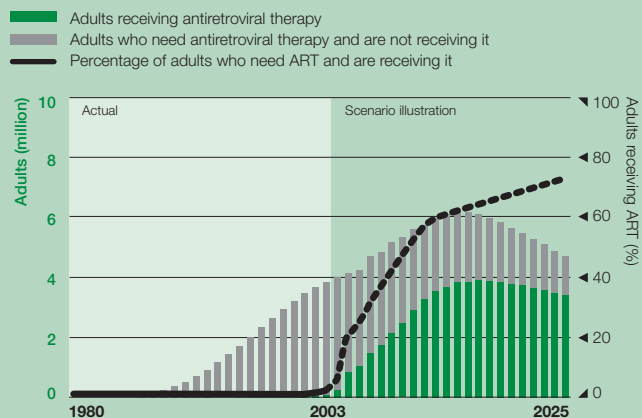
The number of children orphaned by AIDS continued to increase during the period, reaching 18 million in 2025. The total number of orphans (through AIDS and other causes) exceeded 50 million children in 2025, although this was less than in 2015—another indication that the epidemic was in decline.

African regions overview

Figure 73 shows a breakdown of the epidemiology of the epidemic into the geographical regions of East, West and Central, Southern, and Northern Africa.

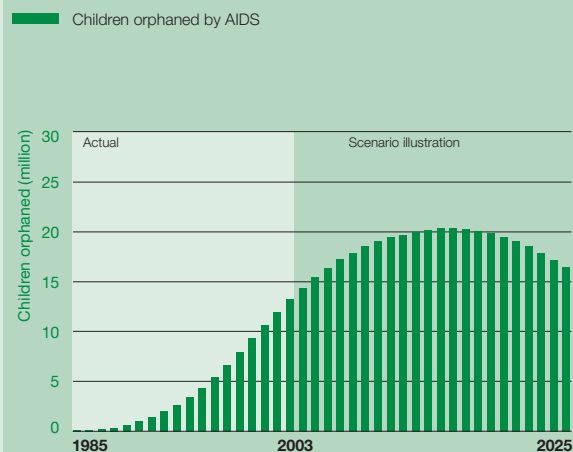
¹ The National Automobile Dealers Association (NADA) reported that total dollar sales of new-car dealerships reached US\$ 700 billion in 2003, of which 60% (US\$ 420 billion) was through new vehicles departments. *AutoExec Magazine* (May 2004) NADA. Available at <http://www.nada.org>

Figure 71 Adults receiving antiretroviral therapy and adults in need of antiretroviral therapy in Africa, 'Times of transition', 1980–2025



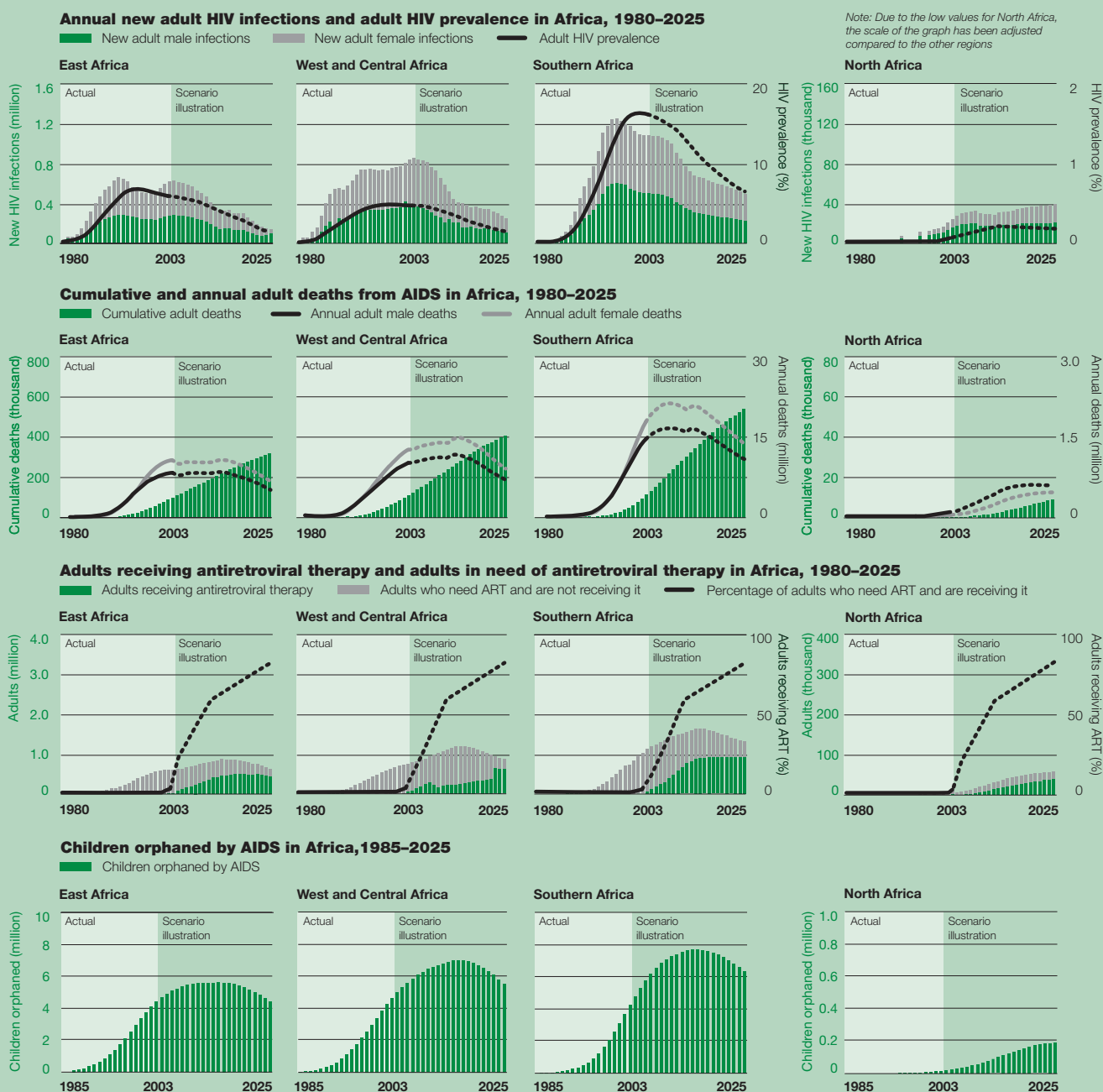
Source: UNAIDS (2004) 2004 report on the global AIDS epidemic. Geneva (historical data); UNAIDS AIDS in Africa Scenarios Project.

Figure 72 Children orphaned by AIDS in Africa, 'Times of transition', 1985–2025



Source: UNAIDS (2004) 2004 report on the global AIDS epidemic. Geneva (historical data); UNAIDS AIDS in Africa Scenarios Project.

Figure 73 Times of transition: Regional overview



Source: UNAIDS (2004) 2004 report on the global AIDS epidemic. Geneva (historical data), UNAIDS AIDS in Africa Scenarios Project.