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THE CONCEPTION OF THE BATTLE AGAINST HIV IN SOUTH AFRICA

A Critical Discourse Analysis of Speeches by
Mandela, Mbeki and Zuma

Esther de Boer

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Abstract

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Author: Esther de Boer

Supervisor: Magnus P. Ängsal

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In the past decade South Africa has enrolled the biggest antiretroviral treatment programme (ARV) in the world to treat HIV/AIDS. The country has had a hard time to deal with the disease for a long time, however, now seems to make progress in combatting the disease and even sets an example for other countries in the world in how to deal with the disease. How the country has been battling this disease and in what way this is represented in the speeches from the former presidents of the country, is what is at the core of this paper. Messages from Mandela (1994), Mbeki (200) and Zuma (2009, 2014) will be analysed with the help of critical discourse analysis. The theoretical works of Van Leeuwen (2007), who focusses on legitimation and Schröter (2018), engaging with silence and absence in discourse are the main points of departure for the qualitative analysis that will be conducted on these texts. Resulting in revealing how marginalisation through stigmatisation, denialist discourse and scientific discourse have been legitimised in these speeches.

Keywords: South Africa, HIV/AIDS, Mandela, Mbeki, Zuma, Critical Discourse Analysis, Legitimation Theory, Silent Discourse.

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1. Introduction

A pandemic is currently putting the world on hold. However, a solution seems to be nearby as vaccines are distributed and societies are slowly opening again. COVID-19 has influenced the world, nevertheless, for many COVID-19 is not the only virus to be concerned about. Besides the current pandemic, the African continent has been dealing with another epidemic for a long time. In Africa, many countries are dealing with the HIV/AIDS epidemic that has been and is, in many cases, still present. South Africa is highly affected by this disease and still aiming to fight the spread of it. Just over one fifth of the population, 20,4 per cent, is infected with the virus (HIV and AIDS in South Africa, 2021).

One of the ways to spread HIV is through sexual intercourse. Research shows that education about how the disease can spread through sexual interaction can be effective in preventing the disease from spreading. Certain sexual behaviour can increase the chances of the virus to spread (Rankin et al., 2005, p. 0703). Sexual behaviour can be influenced by many factors. One of these factors is education and whether it is normalised to talk about it openly in society. It can be stimulated or inhibited as a result of norms and stigmas around this topic (Hendriksen et al., 2009, p. 1213; Rankin et al., 2005, p. 0702). What is normal and accepted in society can be produced through language and the way in which people speak about a certain subject (Peltzer et al., 2012, p. 1).

Communication about HIV/AIDS has shown a change towards the stigmatisation of the disease. It is an important factor in the battle against this virus, as it will help to prevent, treat and give care to the victims of the disease. Stigmatisation can lead to the silencing of other attitudes toward a certain subject, and it can occur due to the presence of dominant discourses (Hendriksen et al., 2009, p. 1213-1214). Nevertheless, more research on the role of language and communication in battling this disease has to be done (Oostendorp and Bylund, 2012, p. 78). Critical discourse analysis (CDA) shows that language and power are highly intertwined. CDA reveals that language can be used as a tool to communicate ideological purposes. CDA helps to understand how this is practiced, it helps in analysing how the language is used to address something and how this can interact with the socio-political context in which it is uttered (Nasser Aldosari, 2020, p. 5; Schröter, 2018, p. 37). However, in what way this power is used for communication can be understood in different ways. It can be used legitimately or illegitimately. Which is studied by Van Leeuwen (2007: 91), who looks at the several ways in which legitimation is claimed.

For this research messages of South African politicians will be analysed. Over time, several leading political figures have spoken about the challenge that HIV/AIDS presents for the country. Speeches uttered by these politicians are what will be analysed in this paper. The following pages will analyse these texts in order to answer the question: What conceptualisations of the battle against HIV/AIDS can be found in the texts presented and can these reflect certain discourses that exist around this topic in South Africa? To look more into this question, it will be broken down into smaller sub-questions and closely investigate the different texts presented. One research interest is concerning how claims about the epidemic and ways in which the battle against HIV have been conceptualised, have been legitimised.

Partially, the research will focus on how the texts can interact and reflect the dominant discourse through what is not being said. This will be analysed in relation to how this can lead to the silencing of others and stigmatisation. Which, as will become clear in the background section of this research, can have severe consequences for combatting this disease. Behaviour and communication are both highly relevant in preventing this disease from spreading (Simelela and Venter, 2014, p. 249). The theoretical framework discusses the several ways to identify discourses and their legitimisation in texts. Therefore, the following question is posed: ‘What linguistic resources are used in the text that legitimate the claims that are presented?’. This question will be guided by the more specific questions related to the battle against HIV/AIDS: ‘How is the conceptualisation of the battle presented and legitimised?’ and ‘What notions of silence or absence within the context of this battle can be found in the texts or between the texts and how can these silences lead to stigmatisation?’. These questions will be used as guidelines to conduct the qualitative analysis.

The presented texts will be analysed along the lines of the legitimisation theory based on the work of Van Leeuwen (2007). He made a framework to which many other scholars have added, such as Mackay (2015) and Pansardi and Battezzorre (2018). Legitimation can often be found in texts. They can show a justification of why certain behaviour is legitimate (Van Leeuwen, 2007, p. 91-93). Another scholar, who has investigated how discourses can be presented, is Schröter (2018: 39). She challenged CDA in trying to analyse the discourse of absence and silence which is beyond the dominant discourse. However, as she points out together with other scholars, the discourse of absence is something that is acknowledged but ‘difficult to operationalise’. Nevertheless, several ways to conduct research in the absence or silence of what is being said, are presented (Schröter, 2018, p. 44). This in combination with

the theory presented by Noelle-Neumann (1974: 44) 'The Spiral of Silence' can shed light on how silence can lead to stigmatisation. Many academics have researched the stigma that is present around HIV/AIDS and how this stigma can influence the eradication of the virus.

The following section introduces South Africa and maps out the situation regarding HIV/AIDS in the country. Afterwards in the theoretical framework, the position and the relevance of the aforementioned theories will be presented within the field of critical discourse analysis. The theoretical works of departure are from Van Leeuwen (2007), Schröter (2018) and Noelle-Neumann (1974). They will be presented as a theoretical framework through which the texts that are selected will be analysed. The relevance of these texts and how the qualitative analysis will be conducted, is presented in the methodology and data. The theory will be applied to the data in the analysis section that follows and summed up in the conclusion.

2. Background

As said in the beginning, HIV/AIDS is still a big problem in South Africa. Many people are dealing with this virus and the disease it can cause on a daily basis (HIV and AIDS in South Africa, 2021). The battle against HIV/AIDS is highly dependent on the behaviour of people who have or are likely to get the disease. For the battle to be effective it is proven that communication about the disease is very important (Hendriksen et al., 2009, p. 1213). The research conducted by Hendriksen et al. (2009: 1219) on the willingness of people to get tested for the disease showed that 'verbal communication may be an important mechanism for reducing stigma and increasing health behaviours.'. It showed that people who chose to get tested for HIV were more likely to talk about it. Besides, it can reduce the stigma that exists around HIV and increase the voluntary testing (Hendriksen et al., 2009, p. 1219).

In the 1980s the spread of the virus resulted in the first deaths related to this disease in South Africa (Hodes, 2018, p. 2). At the time the new post-apartheid government established itself with Mandela as its President, the concerns of the government were elsewhere (Simelela and Venter, 2014, p. 249-250). The discourse that was present at the time was more concerning national reconstruction than the battle against HIV/AIDS. 'This, in combination with taboos against talking about sex, made it difficult for leading political figures, among them President Nelson Mandela, to address HIV in public.' (Hodes, 2018, p. 6). During apartheid, there were many discriminatory laws about HIV and the testing of it. As a result of this, testing for HIV and having the disease were highly stigmatised. The dominant discourse in society was that the

disease was only spreading among specific groups of society, such as gays. Even though, HIV was already spreading among the general population in South Africa (Hodes, 2018, p. 3-4). As a result of this, stigmatisation around having the disease increased together with the spread of it. At the time, the norms not to speak about sexual practices outside the private sphere limited people to openly talk about it and learn from each other to prevent the disease from spreading through sexual practices (Simelela, Pillay and Serenata, 2016, p. 6). On top of this, sexual interaction with the same sex remained illegal in the country until 1996 (Hodes, 2018, p. 4).

When the African National Congress (ANC) won the elections in 1994, a strategy to combat the virus was presented that recognised the major health risks it posed for many South Africans (Hodes, 2018, p. 5). Unfortunately, the policy was overambitious for the resources that were available at the time (Butler, 2005, p. 593; Simelela, Pillay and Serenata, 2016, p. 2). A new plan was presented in 1997, however, it did not achieve what it was supposed to. The awareness that the disease was present in society grew together with the stigmatisation to speak about it (Butler, 2005, p. 594). South Africa was pioneering in many ways, as the epidemic was different in various ways compared to other countries in the world. The disease spread among the whole population instead of just among particular groups (Simelela, Pillay and Serenata, 2016, p. 6).

During Mandela's term, the focus of the government policy was on the mobilisation of everyone in society, political leadership and the use of antiretroviral (ARV) drugs (Butler, 2005, p. 592). When Mbeki came into power, the focus had shifted away from this and the emphasis was put on the financial aspect of the campaign: it had to be affordable (Butler, 2005, p. 596). Mbeki did not promote the use of the scientifically proven ARVs, as he denied the causal relationship between HIV and AIDS. He pushed for the investigation of other causes that could lead to the disease (Butler, 2005, p. 594; Robins, 2004, p. 661). Mbeki assigned dissident scientists to be his advisors and challenged the Western, mainstream view on HIV/AIDS with this 'panel of experts'. These experts disagreed with the scientific proof for what causes AIDS (Van Rijn, 2006, p. 522). They also challenged the safety of these ARVs when they were about to be distributed among the South Africans, which halted this process (Butler, 2005, p. 594).

Nevertheless, the use of these ARVs was promoted at the International AIDS Conference of Durban in 2000 (Simelela, Pillay and Serenata, 2016, p. 4). Just before this conference, the Durban Declaration was signed by many scientists to make a statement against the denialist discourse that Mbeki advocated for (Van Rijn, 2006, p. 529). Despite the evidence for the

effectiveness of these ARVs, the South African government decided to keep the ARV treatment in a trial programme (Simelela, Pillay and Serenata, 2016, p. 5). A turning point came in 2002, when Mbeki stepped away from the denialist perspective that he had been advocating for and admitted that communication on behalf of the government was incorrect (Robins, 2004, p. 661). It seemed as if Mbeki's denialist period was over. A new programme, that promoted the use of ARVs, was rolled out in the country to help treat people who were living with HIV (Butler, 2005, p. 595; Robins, 2004, p. 653). Nevertheless, the President's anti-Western and denialist tendencies concerning HIV/AIDS continued spreading among the South Africans. Therefore, AIDS prevention programmes were having a hard time convincing people to believe in Western science and accept the Western medication that makes it possible to live with the disease (Robins, 2004, p. 654). Stigmatisation continued, as politicians still failed to step up and break the stigma. This may have led to an underestimation of HIV/AIDS as a threat to society (Butler, 2005, p. 597).

In 2008 when Mbeki's term ended an interim President was appointed, Motlanthe, who firstly announced that there is a causal link between HIV and AIDS (Hodes, 2018, p. 9). However, the year 2009 marked a new beginning. The elections were in favour of the ANC again under the lead of Jacob Zuma. Governmental policy, concerning the battle against HIV/AIDS, changed (Simelela, Pillay and Serenata, 2016, p. 14). The denialist period was over and finally, a strategy to combat the virus could be rolled out in the country (Simelela and Venter, 2014, p. 250-251). Nevertheless, even when Mbeki was not in power anymore, controversialist ideas that started under his rule, continued spreading among the South Africans (Hodes, 2018, p. 10). Which is reflected by the effectiveness of the implementation of ARV treatments, which was at that time still very little. An increase of people using ARV treatment can be seen more clearly after 2009 (MacDonell and Low, 2019).

In the first years, Zuma trained the health sector, and it became more skilled in treating patients with ARVs. In 2009 on World AIDS Day, he announced that more people would be eligible to receive ARVs from April 2010 onwards (Simelela, Pillay and Serenata, 2016, p. 16). In the same year, the availability of tests had increased in the country. This in combination with a government that was finally committed to fighting the disease led to the biggest programme of ARV treatment in the world by August 2015 (Simelela, Pillay and Serenata, 2016, p. 17). As Hodes (2018: 13) looks at it, the campaign is 'one of the most ambitious public-health interventions in history.'. The dominant discourse, that Western scientific development together

with talking about the disease were the solution to eradicate this disease, was spreading in the country. The programme that was implemented has had a significant impact on the prevalence of AIDS in the country and has been able to give many people in South Africa the antiretroviral treatment they need (Hodes, 2018, p. 13; Simelela, Pillay and Serenata, 2016, p. 14-18).

3. Theoretical Framework

3.1 Critical Discourse Analysis

Language is something that can be used as a tool to communicate ideological purposes. CDA is a way to help reveal how this is practiced (Nasser Aldosari, 2020, p. 5). It is the relationship between language and power that is mostly of interest in CDA (Schröter, 2018, p. 37). As described by Nasser Aldosari (2020: 4), who builds on other scholars, 'Critical discourse analysis (CDA) is a linguistic approach that is concerned with the exposition of issues related to language, power, and ideology concerning the way language communicates ideology and encodes power.'. The interest of CDA is in how power can be hidden and reinforced by language and conceptualised in different ways (Schröter, 2018, p. 38-40). CDA provides the tools to analyse the power interaction that can be found in the text (Schröter, 2018, p. 41). This is what will be utilised to find these power interactions in the speeches analysed. Typically, dominant discourses are studied in CDA. However, when a dominant discourse can be identified, often a marginalised discourse is present as well (Schröter, 2018, p. 38). This marginalised, or silent discourse is what Schröter (2018: 40) addresses and advocates for as being important to include in discourse analysis. The marginalised discourse is the counter discourse that the dominant discourse is perceiving resistance from.

Speeches contain linguistic elements that can reveal the discourse that was prevalent at the time it was uttered. Therefore, the context in which these speeches of the South African presidents are held are important within discourse analysis as well. However, there is a distinction between linguistic elements that are used for either selected speech or hidden meaning. The former refers to specific and literal use of words that carry the message of what is being said. Whereas the latter refers to the use of linguistic elements that can contain a connotative meaning that goes beyond the actual meaning of what is said. CDA helps to understand how power, and the use of this power, can be understood as (il)legitimate (Nasser Aldosari, 2020, p. 4-5). This legitimation is within CDA an important part of understanding discourses. To reveal this legitimation the tools presented by Van Leeuwen (2007: 92) are often used; he aims to analyse how the claims that are made in texts, are being legitimised. The theory

will be more closely examined in the upcoming section, followed by a more thorough discussion on silent discourses.

3.2 Legitimation Theory

Van Leeuwen (2007: 93) outlines what strategies can be used to identify how claims are being legitimised. Legitimation can often be found in texts; they can give a reason of why certain behaviour is legitimate or justified. There are four categories of legitimation identified by Van Leeuwen (2007: 92): authorisation, moral evaluation, rationalisation and mythopoesis. All these types of legitimation can occur by themselves or together. There are within these categories smaller subcategories that can be utilised to legitimise actions and claims. This framework has been very influential and has been built onto by many other scholars such as Pansardi and Battegazzorre (2018: 858). They elaborate on Van Leeuwen's (2007) theory of legitimation with the following categories: input-based, output-based and substantive legitimation. These categorisations to identify the legitimation in texts, will be discussed in more detail later (Van Leeuwen, 2007, p. 96). These legitimation strategies will reveal how the South African presidents obtained legitimation of the claims in their speeches, which will be presented in the analysis.

The analysis conducted by Mackay (2015) built onto the work of Van Leeuwen (2007) and considers it in combination with the (de)legitimation strategies that Van Dijk (2006: 323-373) offers. Legitimation is defined and presented by Mackay (2015: 325) in the following way:

The process by which the exertion of power by one person, group of political body over another is made to be - and maintained as being - acceptable to those over whom power is wielded. Legitimation is often understood as having a quality of being taken for granted, both by those who wield power and by those who have power wielded over them.

Legitimation can occur in several stages, where it can be a process in which the legitimation is achieved, a state in which the legitimation is presented and as a concept that shows what the legitimation defines and how these concepts are related to the context which is around them (Mackay, 2015, p. 324).

When looking at legitimation in texts, it is important to think about what can be considered legitimate and what not. Legitimation of a certain body or person can be established. However, throughout time the definition of what is legitimate can change and this established legitimation can change. Therefore, the context of the legitimation should be considered as well (Mackay, 2015, p. 332-333). These legitimations are variables that can differ through context, culture, and history (Mackay, 2015, p. 325). Legitimation can stem from different origins but can still result in the same outcome (Van Leeuwen, 2007, p. 110). As Van Leeuwen (2007: 111) concludes in his final section, there are ‘intricate interconnections between social practices and the discourses that legitimise them.’. This change of legitimation, depending on the contextualisation of the speeches is something which is highly important. Especially in the comparative analysis since the speeches analysed are all from different moments in time.

3.3 Linguistic Tools for Legitimation

Several linguistic elements are presented by these scholars to analyse texts and to detect legitimation in them. The first category presented by Van Leeuwen (2007: 94) is authorisation. The authority is mentioned to legitimise the claim and several subcategories can be identified. Among which is personal authority legitimation, in this case a claim can be seen as legitimate by referring to an authority person. Another reason for something to be justified can be an expert interpretation of the topic. As the expert has cleared that it is a certain way, people will believe the expert opinion on this. Expertise is something that, according to Van Leeuwen (2007: 95), has gained more authority over time; people tend to listen more to experts than any other authority. However, this can be misleading as well as the justification of this can also stem from just adding the name of the expert without any actual claims. In this way the authority of the name will already legitimise the actions or the behaviour. This can be found by adding the name of a personal authority figure or in the case of a role model authority, where certain people with an admirable status can be used as a face to legitimise something wrongfully.

Another subcategory is impersonal authority legitimation. Law, regulations and rules made by the government can influence people in a way that makes them accept the authority. Legitimation through these types of bodies is often found in the presentation of certain nouns in texts (Van Leeuwen, 2007, p. 96). As Van Leeuwen (2007: 96) presents in his work: ‘nouns such as ‘policy’, ‘regulation’, ‘rule’, ‘law’, etc. or their cognate adjectives and adverbs (e.g. ‘compulsory’, ‘mandatory’, ‘obligatory’), which often appear in impersonal clauses’ can

indicate impersonal authority. The indication of words like these can be used as a tool to identify this type of legitimation in texts. Another form of an impersonal authority can be a tradition, in some cases practices are justified through habit and the way these practices have always been performed. Which is closely related to legitimation along the lines of conformity (Van Leeuwen, 2007, p. 97).

The second category is moral evaluation. Identification of this category can be tricky as there are no explicit words that refer to these morals. However, 'adjectives such as 'healthy', 'normal', 'natural', 'useful' and so on.' can give a slight indication to certain morals in texts (Van Leeuwen, 2007, p. 97). This is where cultural context and historical discourse analysis is used to identify these morals, as linguistic discourse analysis lacks the capability to analyse those (Mackay, 2015, p. 327; Van Leeuwen, 2007, p. 97). Within moral evaluation there are three sub-categories: evaluation, abstraction and analogies. Evaluation is important and often achieved, as was presented before, in naturalisation by adjectives. Moral evaluations can be expressed in a more abstract way as well, which makes them, as explained by Van Leeuwen (2007: 99): 'Abstractions which foreground desired legitimate qualities of cooperation, and of engagement and commitment.'. Analogies can (de)legitimise moral evaluations, which can be depending on cultural context (Van Leeuwen, 2007, p. 98-100).

The third category addressed is rationalisation, which can be divided in several smaller groups. Firstly, instrumental rationalisation which is based on the idea of purpose constructions. Secondly, theoretical rationalisation which is founded on the concept of truth. This can be divided in three parts: a definition, an explanation or a prediction. Within theoretical rationalisation there can also be either experiential or scientific rationalisation. The former is something which is referred to as common knowledge. Whereas the latter refers to legitimation from an established legitimised institution (Van Leeuwen, 2007, p. 101-104).

The last category is legitimation through mythopoesis as Van Leeuwen (2007: 105) describes 'through storytelling'. There are moral tales that show the reward of participating in legitimate social practice. Along the same line, the cautionary tale will tell the story of what will happen if not adhering to the social practice. A story can also contribute to a single determination in which the story will help to justify a specific case. However, a narrative can be used as well for overdetermination where it can represent a bigger case (Van Leeuwen, 2007, p. 106-107).

As said, Pansardi and Battegazzorre (2018: 885) while analysing discursive legitimation by the president of the Commission of the European Parliament, have built onto the work of Van Leeuwen (2007). These scholars have highlighted the four strategies of legitimation in short. Identifying the category of authorisation as legitimation through expertise or rules and procedures. The second category of moral evaluation as showing legitimation based on moral values. The third category of rationalisation as giving legitimation through goals and effects. And the last category mythopoesis as justifying actions through myths (Pansardi and Battegazzorre, 2018, p. 854-858).

In a more thorough explanation, they make a distinction between input-based, output-based and substantial legitimation (Pansardi and Battegazzorre, 2018, p. 857). They argue that the legitimation based on authorisation is something which can be seen as an input-based legitimation. The rules and the bodies that are present are what legitimise the claims that are presented. Contrary, arguing that the legitimation based on rationalisation is something which can be seen as output-based legitimation. The rationalisation concerns legitimation which relies on the goals and effects, or the outcomes of the claims that are presented. The other two strategies, moral evaluation and mythopoesis are contributing to common value. These are 'based on collective identification and shared beliefs' which creates substantial legitimation (Pansardi and Battegazzorre, 2018, p. 857-867).

Another feature for legitimation that was introduced in this text was the audience the speaker was addressing. They identified the recipient in different ways which also gives them a certain position in the legitimation. The recipient of the speaker can be more clearly identified in the following two positions, the '*community as a recipient*, and *community as a source of legitimacy*.' (Pansardi and Battegazzorre, 2018, p. 860). Whenever the policies or claims presented are aiming to do something for the community the former is meant. Whereas, in the latter claims are justified as a result of the position of the speaker is in (Pansardi and Battegazzorre, 2018, p. 861). This form of legitimation can be found in speeches in which governments present policies concerning their citizens, which is often the case when dealing with an epidemic such as the HIV/AIDS epidemic in South Africa.

There are different ways to approach the speeches and use the framework. In the study Pansardi and Battegazzorre (2018: 859) conducted, the analysts looked at what was being meant by the speaker instead of what was being said. Which is a different approach than in the analysis conducted by Nasser Aldosari (2020: 10). He analysed Mandela's speeches with the help of

word selection, which means that the signifier of what is being said helps to identify certain forms of legitimation. This has shown to be a useful tool to analyse speech from a CDA perspective. In the same way the semantics of the speeches of the South African presidents will be analysed with the legitimation strategies that were just presented.

Besides justified legitimation there can also be unjustified legitimation, which in turn can indicate manipulation. This could be the case if an authority that can claim legitimation is being challenged. For instance, when science is being questioned and unrightfully challenged by other bodies that can claim authority (Van Rijn, 2006, p. 522). This can result in an unequal power relationship between the manipulator and the person who is being manipulated. For manipulation to occur, the person who is manipulating will need public discourse. Something which is available to public figures such as politicians (Van Dijk, 2006, p. 362). Authorities acquire their legitimation in relation to the context in which they are present. The authority of these figures and bodies can be different according to cultural, historical and socio-political contexts (Mackay, 2015, p. 325; Van Rijn, 2006, p. 522).

3.4 Silent Discourse

As discussed in the background section, the battle against HIV/AIDS is something that is highly dependent on the behaviour of the people who are infected. This, together with the communication about this disease, can influence the spreading positively. Therefore, the stigmatisation that exists around it should be included as part of this battle (Hendriksen et al., 2009, p. 1214). Noelle-Neumann (1974: 44) researched how stigmatisation can lead to 'The Spiral of Silence'. Which represents how the stigmatisation of what is not being talked about can lead to the marginalisation of a group. This group can become even more marginalised as a result of other discourses in society. In this way, the stigmatisation can lead to a spiral where the topic is less and less talked about. The background section pointed out the stigmatisation around having HIV/AIDS, which can lead to this spiral. However, as presented in the research by Hendriksen et al. (2009: 1219) on the testing of this disease, the spiral of silence can be reversed as well.

Noelle-Neumann (1974: 44) demonstrates in her theory that the idea of not talking about something is what gives the dominant discourse in society even more power. This can result in the silencing of the marginalised group and make the other discourse even more dominant. Within CDA the dominant discourse is analysed, which also silences the marginalised group

(Schröter, 2018, p. 40). The power that this silence can have in language is what Schröter (2018: 39) discusses and for which she presents the linguistic tools to detect this silence in texts. Nevertheless, pointing out together with other scholars that the discourse of absence is acknowledged however, ‘difficult to operationalise’. The conceptualisation is difficult as it is hard to identify the difference between a silence that is ‘an intentional communicative choice rather than it passing as an unnoticed absence.’ (Schröter, 2018, p. 41-43).

When misinterpreting the silence, one can be analysing something which was not relevant for the conversation. Something that was for those reasons left out and not as a result of the silencing or censoring of a certain subject. What has been left out on purpose as a result of dominance and power can be seen as silencing or censorship (Schröter, 2018, p. 41). The relevance of studying what is not said can be found in many ways. As Schröter (2018: 44) argues, the absence is just as much as the presence, something that is creating discourse and can show the ‘dimensions of power in language use.’ Studying silence can be highly dependent on the context, as the silence can have different connotative meanings as well. It can indicate ‘submission as well as resistance, harmony as well as conflict, affirmation as well as negation and that it can be revelatory as well as cover up.’ (Schröter, 2018, p. 41-42). This context especially in relation to time, is what will be of importance when studying the speeches of these South African presidents, as they were all uttered in a different year.

In CDA, tools to see what is highlighted are used and these do not aim to analyse what is silent or absent. They aim to analyse what has been brought to the attention of the reader (Schröter, 2018, p. 41). To analyse what is absent, different approaches need to be taken into consideration. However, to analyse the silence, it has to be an intentional silence and not just something that has unintentionally been left out. The difference in these silences can sometimes be identified in what is expected in relation to the context of what is discussed. Things that are not relevant for the conversation are expected to be left out. Whereas other elements, that are related to the topic that is addressed are expected to be incorporated. Silences can also be revisited in hindsight; the speaker can later decide that something is relevant for the conversation that was held before (Schröter, 2018, p. 43).

One of the strategies that is suggested by Schröter (2018: 43) to study the silence in text empirically is metadiscourse, which refers to words that indicate the silence directly. The way in which speakers refer to this silence is something which can be a reason for them to discuss it. This specific naming of the silence is what then can be analysed as part of the discourse

analysis. Not only is this a way to analyse silence, because it is clearly stated, but it is also a way to analyse the silence as something that is noticed by the speaker (Schröter, 2018, p. 43).

The second strategy to identify the silence is framing. When utilising this, the more important discourse gets put in the foreground and the marginalised discourse gets pushed to the background. This can also happen in metaphorical conceptualisations (Schröter, 2018, p. 43-44). This is something which is identified by Van Dijk (2006: 368) as a characteristic in manipulation. In his analysis he presents the silencing of certain perspectives as something that can be manipulative and can create more space for the dominant discourse. The things that are contradicting the interest of the speaker are likely to be hidden and the things that are in favour of the speaker will often be emphasised. Expanding on this, there is often a selection of what information is presented and what is left out; there is (de)emphasis on what is important in the text (Van Dijk, 2006, p. 373).

The last strategy presented, is to look at comparisons. Comparative discourse analysis can according to Schröter (2018: 44) be helpful in analysing what has been left out: ‘comparisons may in various ways enable the tracing of silence and absence by analysing discourses over time or across places, as well as different discourses of groups of speakers in different media, or the same groups of speakers in different settings, domains or media.’. With the help of these comparisons one can find keywords that can indicate what is being absent, and this can make it easier to locate the absence of certain words (Schröter, 2018, p. 50-51). Comparative discourse analysis can show how a different context can influence the discourse that is present. For this to be possible, the comparison needs to be coherent. The texts need common ground to be comparable. This is what Schröter (2018: 49-50) calls the ‘*tertium comparationis*’.

4. Methodology and Data

The theories just explained will be used to analyse the texts that have been selected. As said in the introduction the texts of important political figures, presidents of South Africa, will be introduced in this analysis (see appendix 1-4): a message written by Mandela in 1994, a letter written by Mbeki in 2000, a speech of Zuma in 2009 and a speech of Zuma in 2014. Smaller sections of the texts will be analysed individually to later be compared with each other to complete a qualitative and comparative analysis. It will be an overview of different standpoints regarding the battle against HIV/AIDS over time. The theories presented can help to indicate how the conceptualisation of HIV/AIDS can contribute to the discursive prevalent positions in

society. The main findings that will result from this research will be presented and summarised in the conclusion.

The texts have been selected after in-depth background research into this topic and all show certain aspects which makes them suitable for comparison. They are all uttered by the president of the country, they are all roughly the same type of messages from the president towards the South Africans and they were all uttered in a different time. This gives them common ground and makes them suitable for comparison (Schröter, 2018, p. 49-50). As Robins (2004: 654) displays, the president has a democratic right to participate in the scientific debate on AIDS. The figure of the president is allowed to present their opinion on a certain topic. However, what is being said by these political figures can also influence the general perception of the population. As Van Dijk (2006: 362) discusses, politicians can produce political power through the use of public discourse. They can use it to reproduce their political power.

The first text that will be analysed is a message that is written by President Mandela in 1994. The year this message was written is the year that the apartheid regime ended. Mandela, who was born in 1918, has a long history as a political activist against the apartheid system. The first democratically elected government established itself with Mandela as its President (Keller, 2013, p. 109; Simelela and Venter, 2014, p. 249-250). At the time he became the president he was 75, something which may influence as well how he perceives certain issues concerning the HIV/AIDS epidemic (Keller, 2013, p. 109). The message was made by Mandela as a contribution to the World Aids Day of that year and published at the beginning of the epidemic, as the spread of HIV/AIDS started in the 1980s. At the time the letter was published there was an increasing spread of HIV/AIDS in the country, however little attention was given considering the context (MacDonell and Low, 2019; Simelela and Venter, 2014, p. 249).

The second document that will be analysed is a letter from Mbeki, he became President of the country in 1999 (Simelela and Venter, 2014, p. 249-250). The text that will be analysed is a letter written by Mbeki in the year 2000, addressed to political world leaders. At the time the letter was sent, he was advocating against the scientific proof that was present in relation to the virus. Something which created confusion and controversy around this topic for many South Africans (Fassin and Schneider, 2003, p. 496). The government was under Mbeki's lead perceiving the HIV/AIDS epidemic from a different perspective (Butler, 2005, p. 594). The disease was spreading in the country, however the general perception of the disease changed and stigmas around it grew (Robins, 2004, p. 654).

The speeches that were given by Jacob Zuma in 2009 and 2014 are the last two texts that will be examined. The speech that he gave in 2009 was a contribution to World Aids Day. Zuma, as said, became President of South Africa in 2009. However, his status in the country was controversial as a result of a rape assault and what he said during the trial of this in 2005. He claimed in the process that men were less likely to conceive HIV when they would shower after sex (Oostendorp and Bylund, 2012, p. 78; Sidley, 2006, p. 1112). Nevertheless, a new policy was introduced to battle HIV/AIDS and the remainders of the denialist regime that was present under Mbeki's rule were challenged (Simelela and Venter, 2014, p. 250-251). Zuma's second speech to be analysed is the 'State of the Nation' that he gave in 2014. In this speech a general overview of the country is given. However, he also examines the situation in which the country is finding itself in relation to the battle against HIV/AIDS. Therefore, the part which addresses this is what will be used for this analysis (Hodes, 2018, p. 12). This is something which is a remarkable moment, as was said in the background section, the country reached at this point 'one of the most ambitious public-health interventions in history' (Hodes, 2018, p. 13). Resulting in a decrease in the speed in which the disease was spreading in the country (MacDonell and Low, 2019). The text is only a short excerpt of the speech and therefore will show less data to analyse than the other three speeches.

For the analysis conducted, the theories and the tools that have just been explained in the theoretical framework will be used. As pointed out, several techniques can be used to identify and detect certain linguistic elements in text which can represent legitimation. As the speeches have been produced in a certain context the relevant aspects of this in relation to the legitimation will be analysed first. A general analysis of the presidents in power will be given, after which a more in-depth analysis with examples of the letters and speeches will follow.

5. Analysis

5.1 Political Position

Starting to analyse the speeches, the people who uttered them are examined first; because their positions may influence how they are perceived. Van Dijk (2006: 362) argues that political figures can use their position and the public discourse to reproduce the ideology they advocate for. When applying the tools that Van Leeuwen (2007: 95) offered, the presidents are perceived by the public as authority figures. The legitimation of their claims and their opinions in the speeches comes from their position as a personal authority figure with a certain status. This applies to all these presidents, as at the time the texts were published, they were all in power

and democratically voted for. Also, as they are democratically elected, the community that is at the receiving end of these speeches are a source of legitimation for these presidents. Resulting in a form of input-based legitimation (Pansardi and Battezzorre, 2018, p. 858). Besides this, within the texts analysed the individual claims are justified along the lines of the several legitimation strategies that were presented (Van Leeuwen, 2007, p. 92).

Each one of them enjoys the status of being a president. However, this status is something that can be giving legitimation for the wrong reasons as well. As Van Leeuwen (2007: 95) explained, sometimes public figures only have to add their names to claims or statements and this position can give a false notion of legitimation or can even show characteristics of manipulation (Van Dijk, 2006, p. 362).

5.2 Mandela, 1994

The first speech analysed, is the message written for World Aids Day by Mandela in 1994. This is the year in which the country got rid of apartheid, and Mandela became its president. The letter is fully dedicated to addressing the epidemic in the country. Firstly, the problem is identified and addressed, followed by the strategy that the government wants to adopt, after which is mapped out what is needed to achieve this.

The following lines are taken from the text and referring to the position of the government in relation to the battle against HIV/AIDS:

- (1) As Government, we will continue to take active part in AIDS-awareness initiatives. We will continue to allocate as much resources as Government can afford, to combat this epidemic.
- (2) The fact that we can now observe this day as a democratic country gives the rare opportunity to co-operate as a nation in addressing this most pressing problem.

The government is presented as an active actor in the battle against HIV/AIDS. The text refers to the former government regime and the situation the government is in now. In the second excerpt, the word 'democratic' is what is emphasizing the governmental structure that is present in the country at the moment the text was written. This is what justifies the path that the government sees fit to take in the battle against HIV at this point. Part of the legitimation comes from this specific socio-political context (Mackay, 2015, p. 325). Considering this with the theory discussed, one can argue that this form of governmental rule gives the plan that is

presented its input-based impersonal authority legitimation (Pansardi and Battegazzorre, 2018, p. 857; Van Leeuwen, 2007, p. 96). This can also be a form of legitimation through mythopoesis. The government being democratic can be seen as a narrative where the outcome of being democratic gives substantial legitimation for the actions (Pansardi and Battegazzorre, 2018, p. 858; Van Leeuwen, 2007, p. 106).

Following is the policy the government wants to implement relying on the South Africans:

- (3) However, success in this campaign will depend on the input of all sectors of society.
- (4) The challenge of today, to youth and adults alike, is to make lifestyle choices which help to combat this epidemic.

The government is using moral evaluation and instrumental rationalisation to legitimise the policy they are presenting (Van Leeuwen, 2007, p. 95). The noun ‘success’ is here giving a positive message. However, whether it will be a success depends on everyone in society. Since the success of this policy is also the effect of it, it can be seen as a form of output-based legitimation (Pansardi and Battegazzorre, 2018, p. 858).

Everyone in society is important in this battle which he emphasises by naming ‘all sectors of society’ and who all influence the outcome with their ‘lifestyle choices’. This is something that plays on the morals of the South Africans and legitimises the policy that the government plans to implement (Van Leeuwen, 2007, p. 95). Besides, Mandela is holding everyone in society accountable for the success of the eradication of this disease too. However, he is not directly telling them how and what ‘lifestyle choices’ are needed to help and combat this epidemic. It could be that he is referring to sexual practices and specifically, the use of condoms, which have proven to be an effective method to slow down the spreading of the disease among the population (Hendriksen et al., 2009, p. 1213). Therefore, considering the theory of Schröter (2018: 41), one may argue that not speaking about this publicly is something which is the result of silencing. Where the dominant discourse that, sexual behaviour is something which should only be addressed in the private sphere, is silencing the marginalised view to openly talk about this. Something which was around 1994 still the case, as sexual practices were perceived as a personal matter (Simelela, Pillay and Serenata, 2016, p. 6). Therefore, this may have been chosen on purpose to leave out of the message, which could mean there is an intentional silence about this topic.

The moral justification of these policies is, as presented by Pansardi and Battezzorre (2018: 857-866), considered to be a form of substantial justification. However, as they explained as well the substantial legitimation can only exist when a sense of unity is present in the country. The importance of this national unity is highlighted in quote 3 by naming ‘all sectors of society’.

Looking at the following sentence, the silence on the stigmatisation of the people of living with HIV can be identified:

- (5) Above all, we need to work together in eradicating the legacy of apartheid, including homelessness, illiteracy, the lack of health facilities, the migrant labour system and bad living conditions - all of which have created fertile ground the spread of AIDS.

This excerpt states that the South African society needs to step away from the former apartheid regime. Mandela is naming the negative legacies of the apartheid regime; the evils of the past are used to delegitimise the former regime. These point out how it has been possible for HIV to spread even more and should therefore be stepped away from. Legitimation for these claims can be found in instrumental rationalisation, which is output-based (Pansardi and Battezzorre, 2018, p. 858; Van Leeuwen, 2007, p. 95). What is addressed by Mandela of this legacy are ‘homelessness, illiteracy, the lack of health facilities, the migrant labour system and bad living conditions’, however, the discriminatory laws are not mentioned. Even though, the apartheid regime had many discriminatory laws that created a stigma around having HIV/AIDS. During the apartheid regime, the disease was seen as something present among certain groups of the population and not yet among the general public (Hodes, 2018, p. 3-4). Nevertheless, these laws are not pointed out by Mandela, whereas the other legacies are. Which, when considering the theory of Schröter (2018: 43-44), could be the result of the framing. These legacies of apartheid are foregrounded, while those other regulations are pushed to the background. In this way, the stigmatisation of having the disease is marginalised, which when looking at the theory presented by Noelle-Neumann (1974: 44) will only continue to grow when not being talked about.

One of the other tactics that Schröter (2018: 43) presented to detect the silence in texts, is metadiscourse. In the letter Mandela is not pointing out the stigma that exists around the disease in society, he says that:

- (6) But public awareness around AIDS is needed today; not tomorrow.

- (7) World AIDS Day also brings to the fore the message of tolerance and support. As individuals and as a nation, we need to treat relatives, friends and other compatriots who are infected, with compassion. This applies more so to orphans and infected children.

This shows awareness that there is a lack of knowledge about the disease and that the victims of the disease should be treated with ‘tolerance and support’, they deserve ‘compassion’. Thereby, Mandela is not ignoring the attitude that exists towards the disease. However, it does not show that the stigma is noted by the writer of this letter. Which could mean that the stigma that was present around the disease at the time, was something that might be unintentionally left out (Schröter, 2018, p. 43). At the same time, Mandela is by using these words obtaining substantial legitimation of his claims along the lines of moral evaluation (Pansardi and Battezzorre, 2018, p. 858; Van Leeuwen, 2007, p. 97). He addresses and justifies the attitude that others should have towards the people who are affected by the disease, based on these morals.

5.3 Mbeki, 2000

The second text analysed, is the letter written by Mbeki in 2000, explaining how he viewed the situation in South Africa with regards to HIV/AIDS. He identifies the problem in his country and how it has been dealt with before, after which he gives an outlook for how the disease should be dealt with in the future.

In the letter he acknowledges that preventing the disease from spreading is highly dependent on sexual interaction:

- (8) An important part of the campaign that we are conducting seeks to encourage safe sex and the use of condoms.

He addresses the subject specifically in the letter as part of the battle against HIV/AIDS. This is a change in how this part of the battle was being addressed by the former President. Next to this, he presents a Ministerial Task Force and the elimination of poverty as a solution to eradicate this disease:

- (9) At the same time, as an essential part of our campaign against HIV-AIDS, we are working to ensure that we focus properly and urgently on the elimination of poverty among the millions of our people.

He uses the words 'important' and 'essential' to emphasise the critical role this will play in the battle against the disease. Continuing partially on the idea Mandela presented, that the context in which people are living can influence how easy it is for the disease to spread. He indirectly legitimises these claims through the introduction of an anti-Western discourse in society. Mbeki uses it to justify his different approach to battle the disease compared to the West. First the letter points out that the HIV/AIDS epidemic in South Africa was a specific Sub-Saharan African situation that was experienced differently in the West (Van Rijn, 2006, p. 527).

Therefore, a specific African approach is needed to combat this epidemic. The following quotes show what difference between the West and Africa can be found in how the disease is perceived:

- (10) As you know, AIDS in the United States and other developed Western countries has remained largely confined to a section of the male homosexual population.
- (11) Accordingly, as Africans, we have to deal with this uniquely African catastrophe that:
- contrary to the West, HIV-AIDS in Africa is heterosexually transmitted;
 - contrary to the West, where relatively few people have died from AIDS, itself a matter of serious concern, millions are said to have died in Africa; and,
 - contrary to the West, where AIDS deaths are declining, even greater numbers of Africans are destined to die.
- (12) I am convinced that our urgent task is to respond to the specific threat that faces us as Africans. We will not eschew this obligation in favour of the comfort of the recitation of a catechism that may very well be a correct response to the specific manifestation of AIDS in the West.

Mbeki points out that the context and the situation in which the disease developed in Africa is different than in Western countries. He highlights this with the words 'confined', 'unique' and 'specific'. The transmission of the disease in the West is mostly among specific groups of people, homosexuals, whereas in Africa the whole population is affected by the disease. At the beginning of quote 10, he says: 'As you know', which indicates that Mbeki assumes that these differences are known by his audience. Therefore, he justifies these claims based on experiential

rationalisation, also referred to as common knowledge (Van Leeuwen, 2007, 101-104). Something which is according to Pansardi and Battezzorre (2018: 858) output-based legitimisation. In excerpt 12 Mbeki continues to justify his claims by saying that the Western perception of how to deal with the disease is something that could not be beneficial for Africa.

He supports this with the following claim that states that the Western conceptualisation of this disease and how to combat it, is something that cannot teach South Africa how to deal with the epidemic:

- (13) It is obvious that whatever lessons we have to and may draw from the West about the grave issue of HIV-AIDS, a simple superimposition of Western experience on African reality would be absurd and illogical.

For these claims he uses the words ‘absurd’ and ‘illogical’, which are two adjectives that according to the theory of Van Leeuwen (2007: 97) can play on moral evaluation. These negative connotations towards the West, and what they may have experienced in its battle against the disease, are used to justify how these claims are not relevant for the South Africans. Experiential rationalisation is used for this legitimisation as well as the idea of something being illogical is addressed in this quote as something ‘obvious’. Therefore, it can be seen as common knowledge among the South Africans (Van Leeuwen, 2007, 101-104). It is also a form of mythopoesis as a story is told of how the road, that the Western world has taken, will not help South Africa. These strategies point towards substantial legitimisation of why South Africa should not follow in Western footsteps. Resulting in not adopting the medical resources that they have developed and used to combat the disease (Pansardi and Battezzorre, 2018, p. 858). In this way Mbeki was spreading the denialist view among the South Africans (Butler, 2005, p. 594). This was in the beginning of the Mbeki’s presidency creating controversy around the disease and how to treat it (Fassin and Schneider, 2003, p. 496). Which is also reflected in the statistics, which show that around this time there was a peak in how many people were infected with HIV per year (MacDonell and Low, 2019).

Mbeki legitimises this different approach on how to battle the epidemic with expertise in the form of an impersonal authority (Van Leeuwen, 2007, p. 95). Which is perceived to be legitimating the claims based on input (Pansardi and Battezzorre, 2018, p. 858). He uses expert data presented by several institutions to legitimise how the battle is different in the West

than in Africa. These institutions have been monitoring how the disease has affected people all over the world:

- (14) US AIDS deaths for the period January 1996 to June 1997 were stated by the US CDC as amounting to 32,750. (Trends in the HIV and AIDS Epidemic: 1998. CDC).
- (15) On May 13, 1999, a SAFA-AFP report datelined Paris stated that 1998 UNAIDS and WHO reports had said that AIDS was responsible for one death in five in Africa, or about two million people.

The data that Mbeki refers to is partially from 'Dr. Coll Seck'. The data presented by this doctor refers to a specific window of five years, which according to Mbeki coincide with the years the apartheid regime was still present in the country:

- (16) (Interestingly, the five years to which Dr. Coll Seck refers coincide closely with the period since our liberation from apartheid, white minority rule in 1994).

The higher numbers of HIV/AIDS recorded during this specific timeframe are by Mbeki justified through historical context (Hodes, 2018, p. 3-4). Consequently, the message conveyed in these words is that origins of the disease can be found in different sources, such as the political regime that was in place until 1994. Thereby, he is suggesting that the disease should be challenged accordingly (Van Rijn, 2006, p. 527).

Mbeki follows by arguing that the unique situation of the country at this point asks for its own way to battle the disease. Arguing that research in the country has to continue to find a different solution than the costly ARV treatment that was made available at the time by Western science (Butler, 2005, p. 494):

- (17) We will not, ourselves, condemn our own people to death by giving up the search for specific and targeted responses to the specifically African incidence of HIV-AIDS.
- (18) I make these comments because our search for these specific and targeted responses is being stridently condemned by some in our country and the rest of the world as constituting a criminal abandonment of the fight against HIV-AIDS.

These comments contribute to the highly criticised denialist view that he presented during his time as President (Van Rijn, 2006, p. 529). In quote 18 he recognises the criticism the world gives him for the different approach that he chose for the country. He claims in these quotes to be searching for ‘specific and targeted responses’ for the situation in South Africa. He follows by saying that to abandon this, is ‘criminal’ and justifies his claims along the lines of moral evaluation and in this way seeks substantial legitimation (Pansardi and Battezzorre, 2018, p. 858; Van Leeuwen, 2007, p. 9).

As has been discussed before, during Mbeki’s rule, in the early 2000s, there were moments where the scientific proof of the treatment of antiretroviral drugs has been challenged. Something which in this letter is brought to the attention again. In the letter Mbeki acknowledges the demand for ARVs. However, he stalls the process based on safety reasons of the drugs and says that the scientific discovery that has been done 1984 is only relevant for the West (Robins, 2004, p. 661):

- (19) Toward the end of last year, speaking in our national parliament, I said that I had asked our Minister of Health to look into various controversies taking place among scientists on HIV-AIDS and the toxicity of a particular anti-retroviral drug.
- (20) In response to this, among other things, the Minister is working to put together an international panel of scientists to discuss all these issues in as transparent a setting as possible.
- (21) Scientists, in the name of science, are demanding that we should cooperate with them to freeze scientific discourse on HIV-AIDS at the specific point this discourse had reached in the West in 1984.

He is using input-based legitimation from a personal authority in the form of the experts in this area to legitimise this wait before the drugs can be declared safe (Van Leeuwen, 2007, p. 95). He is referring to the experts, who were carefully selected and dissident with the scientifically proven perception of HIV/AIDS (Van Rijn, 2006, p. 522). Therefore, this can be seen as a form of challenging the established authority which can result in unjustified legitimation (Van Dijk, 2006, p. 362; Van Rijn, 2006, p. 522). In quote 21, Mbeki refers to the discovery that had been done in 1984 that proved that AIDS is caused by the virus HI (History of HIV and AIDS overview, 2021). Which he presents as something that ‘should’ be believed, it becomes clear

that he disagrees with this perception, which he justifies based on the difference in the development of the disease between the West and Africa.

5.4 Zuma, 2009

The third text analysed is the speech written by Zuma for World Aids Day that was held in Pretoria in 2009. In this speech, Zuma maps out the situation of the country and acknowledges the problems that HIV/AIDS causes. He starts by presenting the battle that the country has put up in the past 15 years under the lead of first Mandela, and later Mbeki. Recognising the different approaches to battle the disease the previous presidents had.

The new policy presented by Zuma aims to include everyone in society and centres the testing of people:

- (22) To take our response a step forward, we are launching a massive campaign to mobilise all South Africans to get tested for HIV.
- (23) Let this be the start of an era of openness, of taking personal responsibility, and of working together in unity to prevent HIV infections and to deal with its impact.

In these lines several phrases such as: ‘all South Africans’, ‘openness’, ‘personal responsibility’ and ‘unity’ are used to play on the morals of the South Africans. This is even more emphasised in the following quotes:

- (24) What does it NOT mean? It does not mean that we should be irresponsible in our sexual practices.
- (25) It does not mean that people do not have to practice safer sex. It does not mean that people should not use condoms consistently and correctly during every sexual encounter.

Personal responsibility of the South Africans is stressed as an important aspect of this battle. By using the word ‘irresponsible’ emphasis is put on the negative connotation of not adhering to the recommendations. These claims are justified along the lines of moral evaluation, which gives them a form of substantial legitimation (Pansardi and Battegazzorre, 2018, p. 858; Van Leeuwen, 2007, p. 97). By naming these measures specifically, he follows what Mbeki said

before in his letter in 2000. Zuma continues talking about how sexual practices can help to stop the spreading of this disease.

Besides this, he is presenting a way to combat the disease on a massive scale for which he uses the expertise and data to justify his claims. He addresses the seriousness of the disease and the battle that is needed to stop the disease from spreading and harming so many people. He emphasises this by relying on statistics:

(26) We need extraordinary measures to reverse the trends we are seeing in the health profile of our people.

(27) We know that the situation is serious. We have seen the statistics.

Even though the statistics themselves are not presented, the justification is still given by the institutions that present the data. In this way the President gains input-based impersonal authority legitimisation based on the expertise, but not on the actual data (Pansardi and Battezzorre, 2018, p. 858; Van Leeuwen, 2007, p. 95). However, Zuma is not only legitimising his policy through data. He creates an image that is more telling than numbers could ever be. He shows how this disease is influencing people in their daily lives:

(28) At the same time, the epidemic is not about statistics. It is about people, about families, and communities.

(29) We have seen the child-headed and granny-headed households, and have witnessed the pain and displacement of orphans and vulnerable children.

This epidemic needs to end, which is emphasised with these examples. He plays on the morals of the people by giving analogies of what the consequence can be of being infected. These cautionary tales are reflecting mythopoesis and justify his claims accordingly (Van Leeuwen, 2007, p. 97). Both strategies legitimise the claims he has made regarding how to combat HIV/AIDS in a substantial way (Pansardi and Battezzorre, 2018, p. 858).

The following lines show the counterargument Zuma makes in his speech against the dissident ideas that Mbeki presented in 2000, and which have been spreading in the country during his term:

(30) Let the politicisation and endless debates about HIV and AIDS stop.

(31) We also thank our international partners, who continue to provide material support to our campaign against AIDS.

These lines show that Zuma is taking another stance towards the AIDS epidemic and is embracing the help of others: 'our international partners'. For his new policies he is relying on the medication, 'material support', and scientific development that has been done in the West. He is going against the anti-Western discourse Mbeki had been advocating for and supports the dominant discourse that Western scientific research offers. He justifies the change in the stance towards HIV/AIDS based on the politicisation of the debate about it (Van Rijn, 2006, p. 523). Zuma justifies the direction of the policy, which is presented now, with the expertise that comes from the scientific development that has occurred internationally (Van Leeuwen, 2007, p. 95). This is the use of input-based impersonal authority legitimation for these claims (Pansardi and Battezzorre, 2018, p. 858). This shows the misuse of the legitimation and power of the former President in previous years and considering the work of Van Dijk (2006: 362) could show manipulation.

Unlike in the other texts that were presented before, Zuma acknowledges in his speech of 2009 that there is a stigma that is present around the disease:

(32) In every sector of society, there are individuals and groups who have worked tirelessly to educate, advocate, care, treat, prevent and to break the stigma that still surrounds the epidemic.

(33) For many families, it is a burden that they have to bear alone, fearful of discrimination and stigma.

(34) Let there be no more shame, no more blame, no more discrimination and no more stigma.

He points this out by using the specific word 'stigma', which Schröter (2018: 43) identified as an expression of metadiscursive reasoning. Presenting the silence as something that is being noted. It is showing that there is a form of power present in the stigma and that this power can create marginalisation in society. He says in his speech as well, that many people, as a result of having the disease, have to live a lonely life as they are not comfortable in sharing their HIV

status with the people around them. He uses the words ‘burden’, ‘fearful’, ‘discrimination’, ‘shame’ and ‘blame’ to emphasise the negative effects that this stigma has on many in society. These are justifying the eradication of the stigma based on moral evaluation (Van Leeuwen, 2007, p. 97). Besides this, substantial legitimation based on mythopoesis is in this way achieved as well (Pansardi and Battezzorre, 2018, p. 858). The negative connotations of this stigma are legitimising these claims as they act as a cautionary tale (Van Leeuwen, 2007, p. 97).

5.5 Zuma, 2014

The last speech analysed is the ‘State of the Nation’ speech that Zuma gave in 2014. It is a speech that is addressing many aspects of the country, since it gives an overview of how the country is performing. Therefore, only the part of the speech that concerns the HIV battle will be analysed. The speech was given 5 years after the former speech analysed and as explained in section 4, given at a moment that is significant for the battle against HIV/AIDS (Hodes, 2018, p. 13).

In this speech Zuma reviews the policy that started in 2009 and the effects that it has shown so far:

- (35) The HIV and AIDS turnaround is one of the biggest achievements of this administration and we are used as a model country by the United Nations Aids Programmes, (UNAIDS).
- (36) More than 20 million South Africans have taken the HIV test since the launch of the campaign in 2011 which indicates confidence in the health system.

The President reviews the successes of the programme with the statistics that were presented by the UNAIDS. These positive statistics are also justifying why the country is considered to be ‘a role model’ for others. Next to this, he uses them to measure the ‘confidence in the health system’ among the South Africans. Claiming that the high number of people who used the system shows that change occurred and contrary to the situation before, they trust the medical system. This gives him input-based, expertise authority legitimation to claim these outcomes (Van Leeuwen, 2007, p. 95). These outcomes are by themselves claiming output-based legitimation based on instrumental rationalisation as well (Pansardi and Battezzorre, 2018, p. 858; Van Leeuwen, 2007, p. 103).

Even though the country is successful now in treating the disease, it has not been completely eradicated:

- (37) While celebrating our success, we must not be complacent. The prevention work must still continue so that we can reach that goal of zero HIV infections sooner.
- (38) At a broader level, we will enter a new phase in the implementation of the National Health Insurance programme which will extend quality healthcare to the poor.

The President is making clear that the battle against the disease is not over yet, and that everyone in the country should receive adequate health care to be able to treat the disease, if needed. The ‘National Health Insurance programme’ is what he refers to in helping everyone, which is a governmental implementation of health care that should be available for all South Africans. This governmental institution provides input-based, impersonal authority legitimation to still continue the fight against this disease (Pansardi and Battezzorre, 2018, p. 858; Van Leeuwen, 2007, p. 96).

5.6 Comparative Analysis

The theory presented by Schröter (2018: 44) indicates that silence can be found in comparison. As established in section 4, these speeches are material that allows for this to be done. The speech that was given by Zuma in 2014 is shorter and contains information specifically on the battle and the policy the country presents in relation to this. However, it is not as elaborate as the other texts, which is probably the result of the context; the purpose of the speech did not allow for more information to be given on this occasion (Schröter, 2018, p. 41). Therefore, the speech is not as much comparable as the other speeches. Nevertheless, it gives an image of how South Africa has managed to be successful and even became an example for other countries in the world in overcoming the disease. Consequently, the comparison will be mostly done with the other three texts from Mandela, 1994, Mbeki, 2000 and Zuma, 2009.

One of the subjects which is addressed in the letter by Mbeki and in the speech that Zuma gave in 2009, is the transmission of the disease through sexual practices. Sexual behaviour of people is a factor that has proven to be highly important in the battle against HIV/AIDS (Simelela, Pillay and Serenata, 2016, p. 6). In the letter, Mbeki wrote about sexual behaviour and how the use of condoms can help to prevent the disease from spreading. Likewise, Zuma

addresses the sexual behaviour of people and how this can influence the spread of the disease. However, it is not something that Mandela mentions in his letter. He only refers to ‘lifestyle choices’ that can influence the battle against this disease (see quote 4). With these words, he may have meant what the other presidents spelt out. However, it may be considered a silence on this topic as it was not specifically said. Sexual intercourse was not often spoken about outside of the private sphere in 1994. These norms and habits may have influenced whether this would be addressed in the speech since he grew up in a time when this was not normalised; Mandela was 75 at the time it was uttered (Simelela, Pillay and Serenata, 2016, p. 6). It may be the case that this is something that has been intentionally left out of the message Mandela wrote (Schröter, 2018, p. 43). Although, when one would read between the lines it also seems that President Mandela addresses the subject in a different, more subtle way.

Closely related to these sexual practices is talking about having the disease itself. The stigma of having the disease is openly addressed in the speech Zuma gave in 2009 (see quotes 32, 33, 34), while the other presidents refrain from talking about it in their messages. This can be the result of not being aware of the stigma. However, as was mentioned before, the apartheid regime caused stigmatisation of this disease (Hodes, 2018, p. 3-4). This continued to grow during Mandela’s and Mbeki’s presidencies (Butler, 2005, p. 594). Which confirms the theory of Noelle-Neumann (1974: 44) that tells us that the marginalised group, the people with HIV/AIDS, becomes even more marginalised as a result of not talking about the stigma. It is likely that the first two presidents have purposely chosen not to address stigmatisation. Something which in the case of Mandela, as was said before, more seems to be the result of discomfort of talking about the sexual aspect that is closely intertwined with this disease (Simelela, Pillay and Serenata, 2016, p. 6). Whereas in the case of Mbeki, not talking about it may stem from his different opinion on what causes the disease to spread (Simelela and Venter, 2014, p. 249-250). However, a reverse of the spiral of silence can be seen over time in the country, as in Zuma’s speech the stigma is openly addressed (Hendriksen et al. 2009, p. 1219).

Since the government is facing a disease, the battle against it is highly intertwined with medical science, as this is perceived to be the best solution to overcome the epidemic (Simelela, Pillay and Serenata, 2016, p. 17). However, in the first message by Mandela, the scientific part of this battle is not mentioned. Despite it being part of the governmental programmes to battle the disease, the use of these medical resources cannot be traced in Mandela’s message. He does not mention the importance of this medical treatment in relation to the battle of this disease.

Which could be the result of an intentional silence, as he is probably aware of the medical treatment that can help many (Schröter, 2018, p. 41-43). The silence on this topic may stem from the time-consuming reconstruction of the nation that the government was facing, together with not having the resources to battle such a big epidemic at the time (Hodes, 2018, p. 6). Especially since the distribution of ARV treatment for all who would need it, would have been very costly at the time (Butler, 2005, p. 493).

Contrary, in Mbeki's letter the medical side of the battle is very much discussed, several statements about the medical aspect of the disease are made (see quote 19, 20, 21). While seeing the demand for ARVs, the importance of the scientific developments for Africa is downplayed. Emphasis is put on the difference in battle the West has had in comparison to Africa, which therefore makes the Western developments irrelevant. An anti-Western discourse and a dissident view regarding Western science is advocated for by the President and spreading among the South Africans. As explained in quote 20, this view is legitimised by carefully selected scientists that share his dissident view on Western science (Van Rijn, 2006, p. 522). He challenges the established authority where the ARVs get their legitimation from and discredits the other party that challenges his view (see quote 23; Van Rijn, 2006, p. 522). In this way, Mbeki is framing the arguments and the actors in a way that makes the international science community less reliable and less relevant for the challenge the South Africans face. He marginalises the scientific view that is supported by the West and foregrounds his dissident perspective (Schröter, 2018, p. 43-44). A strategy which is also associated with manipulation (Van Dijk, 2007, p. 368).

A counter argument can be found in the speech that Zuma gave in 2009. In which he mentions the politicisation of the scientific debate (see quote 30). The importance of getting tested is stated (see quote 22) and emphasis is put on the gratefulness of South Africa towards the international partners who help to deal with this epidemic (quote 31). Also, in the other speech of Zuma from 2014, he emphasises in quote 35 how the South Africans have benefitted from these medical developments. Displaying how the country managed to gain some control over the disease and has introduced a good health care system (see quote 38). The view that science is the solution to combat this epidemic, and will eventually help to eradicate this, becomes dominant.

Since the presidents are all representatives of the democratically elected government, they can be seen as the people who represent the government in this battle. However, only for the

time they are occupying this position. Therefore, considering what Schröter (2018: 43) presented about revisiting silences, comparison of the texts shows that this is done. The sexual practices are not addressed by Mandela; there is a noted silence on this topic. However, they are later openly spoken about by the other two presidents. The stigma that exists around being infected with HIV was at first a noted silence that was not addressed by Mandela and Mbeki, after which Zuma openly spoke about it. The government as a whole is changing its attitude to what is being said and is changing the silence from something that was a noticed silence, to addressing the topic publicly. In the case of the scientific debate, it is at first not discussed in Mandela's letter, after which it becomes a very politicised topic in the letter Mbeki wrote, followed by Zuma's speeches who both emphasise the importance of this science in a different way than Mbeki (Schröter, 2018, p. 41-43).

6. Conclusion

This paper presented several speeches uttered by different presidents of South Africa. The texts have been analysed with the help of critical discourse analysis. Specifically, legitimisation theory and the silent discourse have been used to examine these speeches more closely. Which has been the result of the questions that were posed in the introduction: 'What linguistic resources are used in the text that legitimate the claims that are presented?', 'How is the conceptualisation of the battle presented and legitimised?' and 'What notions of silence or absence within the context of this battle can be found in the texts or between the texts and how can these silences lead to stigmatisation?'. These questions guided the research of the individual qualitative analysis of these texts and showed that all the presidents have presented a different policy to battle HIV/AIDS. The different approaches to try and combat the disease have been legitimised directly and indirectly along the lines that were presented by Van Leeuwen (2007).

The policies presented addressed different aspects of the battle against the disease. The legitimisation of these policies has for all the speeches been identified with the help of Van Leeuwen (2007: 92) his four categories, authorisation, moral evaluation, rationalisation and mythopoesis. These strategies have all been employed by the presidents to achieve legitimisation for the claims that they presented. Which in the case of Mandela were more focussed on the responsibility of everyone in society. Whereas Mbeki put emphasis on the unique situation of the South Africans and how the disease should be battled in alternative ways. Zuma presented the battle as something which should be fought with the help of international partners, and in his last speech presented the effectiveness of his policies presented in 2009.

The combat of this disease is intertwined with talking about sexual practices; however, this has not always been done. Sexual practices and the stigma of having the disease were two topics that were not present in the text written by Mandela. Mbeki addressed the sexual practices in public however refrained from talking about the stigmatisation that exists around having the disease. And as a result of this, during the time both Mandela and Mbeki were president the stigmatisation grew. Not openly talking about this is what during the earlier years of the battle against HIV/AIDS was increasing the stigma of having the disease (Hodes, 2018, p. 6). Which may have made it harder to combat it. A development which can be explained by the spiral of silence, that indicates that as a result of not speaking about the disease, the silence around the topic will grow even more (Noelle-Neumann, 1974, p. 44). However, as the research of Hendriksen et al. (2009: 1219) has shown too, the spiral of silence can be reversed. Something which can be considered to be happening in South Africa, as the speech that Zuma gave in 2014 showed an improvement in combatting the disease. The government policies presented show to have been effective, resulting in a decrease in the stigmatisation that exists around having the disease (Simelela, Pillay and Serenata, 2016, p. 17).

Returning to the leading question of this research: ‘What conceptualisations of the battle against HIV/AIDS can be found in the texts presented and can these reflect certain discourses that exist around this topic in South Africa?’. The battle has been presented in different ways by the presidents. The representations of these battles show, that in the beginning during Mandela’s presidency, despite involving all the South Africans, the dominant discourse was that the disease was only prevalent among certain groups in society. Stigmatisation around having the disease increased, which created marginalisation of the people living with HIV/AIDS. During Mbeki’s presidency, this stigmatisation continued as the battle against the disease became highly politicised and scientific proof was questioned. The denialist discourse advocated for by Mbeki was spreading among the South Africans. When Zuma became president, the battle continued on a different path. The scientific discourse was embraced in combination with the importance to eradicate the stigma that exists around being infected. The country managed to present an effective policy and execute it in a way that aims to include everyone in society. It helped to make this dissident view, that was spreading among many in South Africa together with HIV/AIDS, less common. The current government policy aims to give the people in South Africa the medical care they need and to reduce the number of people

who are living with the disease as much as possible (Simelela, Pillay and Serenata, 2016, p. 19).

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Appendix 1 - Mandela, 1994

On December 1, South Africa and the international community mark World AIDS Day.

The fact that we can now observe this day as a democratic country gives us the rare opportunity to co-operate as a nation in addressing this most pressing problem. It is estimated that in some parts of our country, already one out of ten people are infected with the AIDS virus. And the epidemic is spreading rapidly. Young people, in particular, face the highest risk.

It is appropriate that this year's theme for World AIDS Day is "The Family and AIDS". For it is in the family that the values required to combat this plague can be popularised. Mutual trust and support, particularly between parents and children, is crucial in spreading awareness about AIDS; and preventing it. Above all, we need to work together in eradicating the legacy of apartheid, including homelessness, illiteracy, the lack of health facilities, the migrant labour system and bad living conditions - all of which have created fertile ground for the spread of AIDS.

But public awareness around AIDS is needed today; not tomorrow.

The challenge of today, to youth and adults alike, is to make lifestyle choices which help to combat this epidemic.

World AIDS Day also brings to the fore the message of tolerance and support. As individuals and as a nation, we need to treat relatives, friends and other compatriots who are infected, with compassion. This applies more so to orphans and infected children.

The campaign against AIDS is the task of all of us - young and old, government and community organisations, religious and traditional institutions, cultural and sporting bodies. AIDS knows no custom. It knows no colour. It knows no boundaries. We have to work together wherever we are to preserve our nation, our continent and humanity as a whole.

As Government, we will continue to take active part in AIDS-awareness initiatives. We will continue to allocate as much resources as Government can afford, to combat this epidemic. However, success in this campaign will depend on the input of all sectors of society.

Now is the time to work together to combat AIDS.

Appendix 2 – Mbeki, 2000

April 3, 2000

I am honoured to convey to you the compliments of our government as well as my own, and to inform you about some work we are doing to respond to the HIV-AIDS epidemic.

As you are aware, international organizations such as UNAIDS have been reporting that Sub-Saharan Africa accounts for two-thirds of the world incidence of HIV-AIDS. These reports indicate that our own country is among the worst affected.

Responding to these reports, in 1998, our government decided radically to step up its own efforts to combat AIDS, this fight having, up to this point, been left largely to our Ministry and Department of Health.

Among other things, we set up a Ministerial Task Force against HIV-AIDS chaired by the Deputy President of the Republic, which position I was privileged to occupy at the time.

Our current Deputy President, the Hon. Jacob Zuma, now leads this Task Force.

We also established Partnerships against AIDS, with many major sectors of our society including the youth, women, business, labour unions and the religious communities.

We have now also established a National AIDS Council, again chaired by the Deputy President and bringing together the government and civil society.

An important part of the campaign that we are conducting seeks to encourage safe sex and the use of condoms.

At the same time, as an essential part of our campaign against HIV-AIDS, we are working to ensure that we focus properly and urgently on the elimination of poverty among the millions of our people.

Similarly, we are doing everything we can, within our very limited possibilities, to provide the necessary medicaments and care to deal with what are described as "opportunistic diseases" that attach to acquired immune deficiency.

As a government and a people, we are trying to organize ourselves to ensure that we take care of the children affected and orphaned to AIDS.

We work also to ensure that no section of our society, whether public or private discriminates against people suffering from HIV-AIDS.

In our current budget, we have included a dedicated fund to finance our activities against HIV-AIDS. This is in addition to funds that the central government departments as well as the provincial and local administrations will spend on this campaign.

We have also contributed to our Medical Research Council such funds as we can, for the development of an AIDS vaccine.

Demands are being made within the country for the public health system to provide anti-retroviral drugs for various indications, including mother-to-child transmission.

We are discussing this matter, among others with our statutory licensing authority for medicines and drugs, the Medicines Control Council (MCC).

Toward the end of last year, speaking in our national parliament, I said that I had asked our Minister of Health to look into various controversies taking place among scientists on HIV-AIDS and the toxicity of a particular anti-retroviral drug.

In response to this, among other things, the Minister is working to put together an international panel of scientists to discuss all these issues in as transparent a setting as possible.

As you know, AIDS in the United States and other developed Western countries has remained largely confined to a section of the male homosexual population.

For example, the cumulative heterosexual contact, US percentage for AIDS cases among adults/adolescents, through June 1999 is given as 10 percent. (HIV-AIDS Surveillance Report: Midyear edition. Vol 11, No 1, 1999. US Department of Health and Human Services).

The cumulative absolute total for this age group is reported as being 702,748.

US AIDS deaths for the period January 1996 to June 1997 were stated by the US CDC as amounting to 32,750. (Trends in the HIV and AIDS Epidemic: 1998. CDC).

On May 13, 1999, a SAFA-AFP report datelined Paris stated that 1998 UNAIDS and WHO reports had said that AIDS was responsible for one death in five in Africa, or about two million people.

It quoted a Dr. Awa Coll Seck of UNAIDS as saying that there are 23 million carriers in Africa of HIV.

This SAFA-AFP report quotes Dr. Coll Seck as saying: "In Southern Africa, the prevalence of the (HIV) infection has increased so much in five years that this region could, if the epidemic continues to spread at this rate, see its life expectancy decline to 47 by 2005."

(Interestingly, the five years to which Dr. Coll Seck refers coincide closely with the period since our liberation from apartheid, white minority rule in 1994).

The report went on to say that almost 1,500 people are infected in South Africa every day and that, at that point, the equivalent of 3.8 million people in our country carried the virus.

Again as you are aware, whereas in the West HIV-AIDS is said to be largely homosexually transmitted, it is reported that in Africa, including our country, it is transmitted heterosexually.

Accordingly, as Africans, we have to deal with this uniquely African catastrophe that:

contrary to the West, HIV-AIDS in Africa is heterosexually transmitted;

contrary to the West, where relatively few people have died from AIDS, itself a matter of serious concern, millions are said to have died in Africa; and,

contrary to the West, where AIDS deaths are declining, even greater numbers of Africans are destined to die.

It is obvious that whatever lessons we have to and may draw from the West about the grave issue of HIV-AIDS, a simple superimposition of Western experience on African reality would be absurd and illogical.

Such proceeding would constitute a criminal betrayal of our responsibility to our own people. It was for this reason that I spoke as I did in our parliament, in the manner in which I have indicated.

I am convinced that our urgent task is to respond to the specific threat that faces us as Africans. We will not eschew this obligation in favour of the comfort of the recitation of a catechism that may very well be a correct response to the specific manifestation of AIDS in the West.

We will not, ourselves, condemn our own people to death by giving up the search for specific and targeted responses to the specifically African incidence of HIV-AIDS.

I make these comments because our search for these specific and targeted responses is being stridently condemned by some in our country and the rest of the world as constituting a criminal abandonment of the fight against HIV-AIDS.

Some elements of this orchestrated campaign of condemnation worry me very deeply.

It is suggested, for instance, that there are some scientists who are "dangerous and discredited" with whom nobody, including ourselves, should communicate or interact.

In an earlier period in human history, these would be heretics that would be burnt at the stake!

Not long ago, in our own country, people were killed, tortured, imprisoned and prohibited from being quoted in private and in public because the established authority believed that their views were dangerous and discredited.

We are now being asked to do precisely the same thing that the racist apartheid tyranny we opposed did, because, it is said, there exists a scientific view that is supported by the majority, against which dissent is prohibited.

The scientists we are supposed to put into scientific quarantine include Nobel Prize Winners, Members of Academies of Science and Emeritus Professors of various disciplines of medicine!

Scientists, in the name of science, are demanding that we should cooperate with them to freeze scientific discourse on HIV-AIDS at the specific point this discourse had reached in the West in 1984.

People who otherwise would fight very hard to defend the critically important rights of freedom of thought and speech occupy, with regard to the HIV-AIDS issue, the frontline in the campaign of intellectual intimidation and terrorism which argues that the only freedom we have is to agree with what they decree to be established scientific truths.

Some agitate for these extraordinary propositions with a religious fervour born by a degree of fanaticism, which is truly frightening.

The day may not be far off when we will, once again, see books burnt and their authors immolated by fire by those who believe that they have a duty to conduct a holy crusade against the infidels.

It is most strange that all of us seem ready to serve the cause of the fanatics by deciding to stand and wait.

It may be that these comments are extravagant. If they are, it is because in the very recent past, we had to fix our own eyes on the very face of tyranny.

I am greatly encouraged that all of us, as Africans, can count on your unwavering support in the common fight to save our continent and its peoples from death from AIDS.

Please accept, Your Excellency, the assurance of my response.

THABO MBEKI

Appendix 3 – Zuma, 2009

President Jacob Zuma on the Occasion of World Aids Day, Pretoria Showgrounds, 1 December 2009

Deputy President Kgalema Motlanthe,

The Minister of Health Dr Aaron Motsoaledi and all Ministers and Deputy Ministers present,

Premier of Gauteng Nomvula

Mokonyane and MECs present,

Executive Mayor of Tshwane Dr Gwen Ramokgopa,

Deputy Chairperson of the South African National AIDS Council, Mark Heywood,

Members of the diplomatic corps,

UN AIDS Executive Director Michel Sedibe and all representatives of international agencies,

Fellow South Africans,

Today we join millions of people across the globe to mark World AIDS Day.

We join multitudes who have determined that this epidemic cannot be overcome without a concerted and coordinated effort.

We join millions who understand that the epidemic is not merely a health challenge. It is a challenge with profound social, cultural and economic consequences.

It is an epidemic that affects entire nations. Yet it touches on matters that are intensely personal and private.

Unlike many others, HIV and AIDS cannot be overcome simply by improving the quality of drinking water, or eradicating mosquitoes, or mass immunisation.

It can only be overcome by individuals taking responsibility for their own lives and the lives of those around them.

Fellow South Africans,

As a country, we have done much to tackle HIV and AIDS.

In every sector of society, there are individuals and groups who have worked tirelessly to educate, advocate, care, treat, prevent and to break the stigma that still surrounds the epidemic.

Today, we wish to acknowledge their dedicated efforts.

As government we are ready to play our role of leadership, building on the foundation that has been laid over the past 15 years.

Under the leadership of Presidents Nelson Mandela, Thabo Mbeki and Kgalema Motlanthe, the democratic government has put in place various strategies to comprehensively deal with HIV and AIDS, tuberculosis and sexually transmitted infections.

Working with other sectors through the South African National AIDS Council, we have managed to harness unity in confronting this scourge.

The amount of resources dedicated to prevention, treatment and care has increased with each successive year.

But it is not enough. Much more needs to be done.

We need extraordinary measures to reverse the trends we are seeing in the health profile of our people.

We know that the situation is serious. We have seen the statistics.

We know that the average life expectancy of South Africans has been falling, and that South Africans are dying at a young age.

We have seen the child-headed and granny-headed households, and have witnessed the pain and displacement of orphans and vulnerable children.

These facts are undeniable. We should not be tempted to downplay the statistics and impact or to deny the reality that we face.

At the same time, the epidemic is not about statistics. It is about people, about families, and communities.

It is about our loved ones.

For many families, it is a burden that they have to bear alone, fearful of discrimination and stigma.

Dear Compatriots,

Now is not the time to lament. It is the time to act decisively, and to act together.

Our message is simple. We have to stop the spread of HIV. We must reduce the rate of new infections. Prevention is our most powerful weapon against the epidemic.

All South Africans should take steps to ensure that they do not become infected, that they do not infect others and that they know their status.

Each individual must take responsibility for protection against HIV. To the youth, the future belongs to you.

Be responsible and do not expose yourself to risks.

Parents and heads of households, let us be open with our children and educate them about HIV and how to prevent it.

Ladies and gentlemen,

We are still marking the 16 days of activism against violence on women and children. During this period, it is important that we also remember to uphold the rights of women and children, including their right to protection from infection with HIV.

Many women are unable to negotiate for protection due to unequal power relations in relationships.

As we mark the International Day of Persons with Disabilities on Thursday, the 3rd of December, let us remember the impact of HIV on persons with disability.

We have to tailor government programmes and messages to also speak to the needs of this sector.

Fellow South Africans,

To take our response a step forward, we are launching a massive campaign to mobilise all South Africans to get tested for HIV.

Every South African should know his or her HIV status. To prepare for a continuous voluntary testing campaign, we would like to announce a few new measures, to expand our response.

All children under one year of age will get treatment if they test positive. Initiating treatment will therefore not be determined by the level of CD cells.

This decision will contribute significantly towards the reduction of infant mortality over time.

All patients with both tuberculosis (TB) and HIV will get treatment with anti-retrovirals if their CD4 count is 350 or less. At present treatment is available when the CD4 count is less than 200. TB and HIV/AIDS will now be treated under one roof.

This policy change will address early reported deaths arising from undetected TB infection among those who are infected with HIV.

We have taken this step, particularly on learning that approximately 1% of our population has TB and that the co-infection between TB and HIV is 73%.

All pregnant HIV positive women with a CD4 count of 350 or with symptoms regardless of CD4 count will have access to treatment. At present HIV positive pregnant women are eligible for treatment if their CD4 count is less than 200.

All other pregnant women not falling into this category, but who are HIV positive, will be put on treatment at fourteen weeks of pregnancy to protect the baby. In the past this was only started during the last term of pregnancy.

In order to meet the need for testing and treatment, we will work to ensure that all the health institutions in the country are ready to receive and assist patients and not just a few accredited ARV centres. Any citizen should be able to move into any health centre and ask for counselling, testing and even treatment if needed.

The implementation of all these announcements is effective from April 2010. Institutions are hard at work to ensure that systems are in place by the 31st of March.

What does this all mean? It means that we will be treating significantly larger numbers of HIV positive patients. It means that people will live longer and more fulfilling lives.

What does it NOT mean? It does not mean that we should be irresponsible in our sexual practices.

It does not mean that people do not have to practice safer sex. It does not mean that people should not use condoms consistently and correctly during every sexual encounter.

We can eliminate the scourge of HIV if all South Africans take responsibility for their actions.

I need to re-emphasise at this point that we must intensify our prevention efforts if we are to turn off the tap of new HIV and TB infections. Prevention is our most powerful and effective weapon.

We have to overcome HIV the same way that it spreads - one individual at a time. We have to really show that all of us are responsible.

The HIV tests are voluntary and they are confidential. We know that it is not easy. It is a difficult decision to take.

But it is a decision that must be taken by people from all walks of life, of all races, all social classes, all positions in society. HIV does not discriminate.

I am making arrangements for my own test. I have taken HIV tests before, and I know my status. I will do another test soon as part of this new campaign. I urge you to start planning for your own tests.

Ladies and gentlemen,

We are also mindful of the social impact of the epidemic, and continue to provide psycho-social support and home based care, through the Home Community Based Care and child care programmes of government.

Let me use this opportunity to salute all our caregivers including those neighbours who assist and support families in distress.

We also thank our international partners, who continue to provide material support to our campaign against AIDS.

On this day, our hearts go out to all South Africans who are in distress as a result of this epidemic. To families looking after sick relatives, we wish you strength. We understand what you are going through.

To those who have lost their loved ones to the epidemic we share your pain, and extend our deepest condolences.

Fellow South Africans,

At another moment in our history, in another context, the liberation movement observed that the time comes in the life of any nation when there remain only two choices: submit or fight.

That time has now come in our struggle to overcome AIDS.

Let us declare now, as we declared then, that we shall not submit.

We have no choice but to deploy every effort, mobilise every resource, and utilise every skill that our nation possesses, to ensure that we prevail in this struggle for the health and prosperity of our nation.

History has demonstrated the strength of a nation united and determined.

We are a capable, innovative and motivated people.

Together we fought and defeated a system so corrupt and reviled that it was described as a crime against humanity.

Together we can overcome this challenge.

Let today be the dawn of a new era.

Let there be no more shame, no more blame, no more discrimination and no more stigma.

Let the politicisation and endless debates about HIV and AIDS stop.

Let this be the start of an era of openness, of taking personal responsibility, and of working together in unity to prevent HIV infections and to deal with its impact.

Working together, we can achieve these goals!

I thank you.

Issued by: The Presidency

1 December 2009

Appendix 4 – Zuma, 2014

State of the Nation Address By His Excellency Jacob G Zuma, President of the Republic of South Africa on the occasion of the Joint Sitting Of Parliament, Cape Town, 13 February 2014

Honourable Speaker of the National Assembly,

Chairperson of the National Council of Provinces;

Deputy Speaker of the National Assembly and Deputy Chairperson of the NCOP;

Deputy President of the Republic, Honourable Kgalema Motlanthe;

Former Deputy President Baleka Mbete,

Honourable Chief Justice of the Republic, and all esteemed members of the Judiciary;

Honourable Ministers and Deputy Ministers,

Distinguished Premiers and Speakers of our Provinces;

Chairperson of SALGA, and all local government leadership;

Chairperson of the National House of Traditional Leaders;

Heads of Chapter 9 Institutions;

The Governor of the Reserve Bank,

Leaders from business, sports, traditional, religious and all sectors,

Members of the diplomatic corps, Special and distinguished guests,

Honourable members,

Fellow South Africans,

Good evening, sanibonani, molweni, dumelang, riperile, ndimadekwana, goeienaand.

I wish to thank the Presiding Officers for this opportunity to speak to the people of South Africa, on this occasion of the last State of the Nation Address, of the fourth democratic administration.

I would like to extend our deepest condolences on the passing of the late Honourable Mr Ben Skhosana, one of the longest serving and most senior members of this august house and our former Minister of Correctional Services.

We are truly saddened by his sudden passing.

Sidlulisa ukukhala kwethu emndenini wakhe, nakumholi we IFP uShenge, kanye namalunga onke e-IFP.

Honourable Speaker,

Honourable Chairperson of the NCOP,

This is the first State of the Nation Address to take place in the absence of our founding President, His Excellency Nelson Rolihlahla Mandela.

His passing, on the eve of the 20th year of our freedom and democracy, caused untold pain to our people and beyond our borders.

We find solace in the knowledge that Madiba will live forever be in our hearts, and that we have a duty to take his legacy forward.

Honourable Members,

Our country has produced men and women of distinction, who have provided leadership during trying times.

One such leader was Mr Moses Kotane, former treasurer-general of the ANC and former SACP general secretary.

We are honoured to have his dear wife, Mama Rebecca Kotane, as our special guest this evening.

Mama Kotane turned 102 years old yesterday, and we wish her all the best.

We also pay tribute to the former ANC President Mr Oliver Tambo, who kept the torch of freedom alive both at home and abroad during the most difficult times of our struggle.

His son, Dali and his wife Rachel are sharing this occasion with us this evening.

We salute Solomon Mahlangu, a brave young man who went defiantly to the gallows in 1979 where he was executed at the age of 23. He said: "My blood will nourish the tree that will bear the fruits of freedom. Tell my people that I love them. They must continue the fight".

We are honoured to host his mother, Mama Martha Mahlangu and her grand-daughter Bathabile.

The year 2014 also marks the 40th anniversary of the cowardly murder through a parcel bomb, of student leader, Abram Onkgopotse Tiro in 1974 in Botswana.

We welcome his brother, Mogomotsi Tiro to this occasion. We express the gratitude of the people, for his brother's selfless sacrifice.

We remember those who died in state-sponsored violence of the 1980s and 1990s in our townships and villages.

Ms Jabu Ndlovu, a former shopsteward of the National Union of Metalworkers of South Africa (NUMSA), was gunned down in 1988 in Pietermaritzburg together with her husband Jabulani and their son.

We welcome her daughter Luhle and son, Sanele, and pay tribute to all families who lost their loved ones, across the political spectrum.

Honourable Speaker,

Honourable Chairperson of the NCOP,

We were able to overcome all that pain of the past and build a new society.

We have built strong institutions of democracy.

We buried the undemocratic, unrepresentative, oppressive and corrupt state that was serving a minority.

We formed a unitary, non-racial, non-sexist democratic state, answerable to and representative of all South Africans.

We created a thriving constitutional democracy, with well-functioning arms of the state –the legislature, the executive and the judiciary.

We have Chapter 9 institutions which support democracy and protect the rights of citizens.

Liberation and democracy have also created space for an active civil society and a free media.

Liberation also brought for the first time, the promise of gender equality. The representation of women in public institutions has increased considerably since the dawn of freedom, and the extension of basic services also benefits women.

All these attributes have made South Africa a much better place to live in now than it has ever been.

However, our country still faces the triple challenge of poverty, inequality and unemployment, which we continue to grapple with. Dealing with these challenges has become a central focus of all democratic administrations.

We elected to focus on five priorities, education, health, the fight against crime and corruption, rural development and land reform as well as creating decent work.

We also reorganised the State to improve performance.

We created two key functions, long term planning as well as monitoring and evaluation.

We established the National Planning Commission which produced the landmark National Development Plan, the country's socio-economic blueprint and one of the major achievements of this fourth administration.

The Plan outlines what we should do to eradicate poverty, increase employment and reduce inequality by 2030.

Our monitoring and evaluation indicates that many services continue to improve. For example, social grants and identity documents now take a shorter time to be processed. But many others still require further work.

I will report back on the five priorities, starting with the economy.

On average, the economy has grown at 3,2 percent a year from 1994 to 2012 despite the global recession which claimed a million jobs.

Working together as government, business, labour and the community sector, we nursed the economy to a recovery.

The national wealth, measured in terms of GDP, has grown to more than 3.5 trillion rand.

Jobs are now being created again. There are now 15 million people with jobs in the country, the highest ever in our history, and over 650 thousand jobs were created last year, according to Stats SA.

This is still not good enough. The unemployment rate still remains high. Youth unemployment in South Africa continues to be of concern, as it is throughout the world.

We are taking a number of measures, including the Employment Tax Incentive Act which encourages employers to hire younger workers.

Regulations will be passed to ensure that this does not affect unsubsidized or older workers adversely.

Further measures are contained in the National Youth Accord that was signed in Soweto last April.

The Expanded Public Works Programme and the Community Work Programme continue to be an effective cushion for the poor and the youth.

We have created 3,7 million work opportunities over the past five years. Our people obtain an income and skills from the public works programme, which they use to seek formal employment.

Cabinet has set a target of 6 million work opportunities from this year to 2019, targeting the youth.

Our social assistance programme which now reaches about 16 million people, provides a safety for millions, especially vulnerable children.

Imizi eminingi ithola ukusizakala ngenxa yezibonelelo zikahulumeni, imaliyezingane, impesheni yabadala neyabakhubazekile.

Lezizibonelelo zizoqhubeka njalo ngoba imizi eminingi ithola ukusizakala ngoba amathuba emisebenzi ayivelakancane ngalesisikhathi somnotho ontengantengayo.

Lamathuba atholakala kuhulumeni, enza sisho ngeqholo ukuthi, iNingizimu Afrika esiphila kuyo namhlanje, ingcono kakhulu ukunaleyo esasiphila kuyo ngaphambikuka- 1994.

Compatriots,

We are still going through a difficult period.

Developments in the United States economy have led to a rapid depreciation in the emerging market currencies, including the rand.

During the course of 2013, the rand depreciated by 17.6 percent against the US dollar.

The weaker exchange rate poses a significant risk to inflation and will also make our infrastructure programme more expensive.

However, export companies, particularly in the manufacturing sector, should take advantage of the weaker rand and the stronger global recovery.

While we have these difficulties, we know that we can cope with this period of turbulence.

We have done so before in the past five years.

We will, in fact, emerge stronger if we do the right things.

We have to work together as government, business and labour to grow our economy at rates that are above 5 per cent to be able to create the jobs we need.

Fortunately this collaboration is already taking place.

It is taking place at NEDLAC which is one of the key institutions of cooperation in our democracy, between government, business, labour and the community sector.

It has taken place as well in engagements that we have been having with the business community.

Last year I started engaging business on specific steps that government can take to make it easier to do business in our country.

Arising out of that process, we have now streamlined regulatory and licensing approvals for environmental impact assessments, water licenses and mining licenses.

Parliament is finalizing amendments to the law to give effect to this very positive development, which will cut to under 300 days, the time it takes to start a mine, from application to final approvals.

The Deputy President of the Republic continues to facilitate discussions between government, mining companies and labour.

The purpose is to stabilise industrial relations in this very important sector of our economy. The process is yielding results.

Strikes in the sector were fewer and shorter last year.

And more importantly, industrial relations processes are taking place in a manner consistent with the law.

We have intervened in mining because it is one of our key job drivers. We need a mining sector that works. Mining employs over half a million people.

It is the biggest earner of foreign exchange in our country. It also contributes about 20 billion rand directly to the tax revenue.

Mining also makes a far larger contribution as a buyer of goods and services, and a supplier of inputs to other sectors of our economy and other economies around the globe.

We are exploring partnerships with stakeholders to address the issue of housing in mining towns.

Let me also remind mining companies that 2014 is the deadline for them to improve housing and living conditions of mineworkers and to achieve a number of targets.

Government continues to monitor and enforce compliance on both the company's Social and Labour Plans and Mining Charter targets.

Fellow South Africans,

Honourable Members,

Other than mining, we had identified five other job drivers in 2009.

These are tourism, agriculture, the green economy, infrastructure development and manufacturing.

The tourism industry has grown dramatically. In 1993, South Africa received a mere 3 million foreign visitors. By 2012, the figure had grown to 13 million visitors.

We will continue to grow this industry, given its potential for job creation.

In 2012 we unveiled the National Infrastructure Plan, led by the President through the Presidential Infrastructure Coordinating Commission.

We have subsequently invested one trillion rand in public infrastructure over the past five years.

Many of the projects are completed or are nearing completion.

I will mention just a few.

The Rea Vaya system in Joburg is now used by more than 100 000 Gauteng residents. Similar systems are being built in Cape Town, Tshwane, Nelson Mandela Bay, Buffalo City, eThekweni and Rustenburg.

The country's harbours and ports have been improved.

We have built a 700 kilometre fuel pipeline from Durban to Gauteng to transport 4 billion cubic litres of petrol, diesel and jet fuel a year.

Close to 1500 kilometres of new roads or lanes have been built.

This progress in respect of roads reminds us of those who have served in this government before who wanted the best for the country, such as our former Transport Minister Mr Dullar Omar.

His dear wife Farieda is one of our guests this evening.

The construction of new rail lines has started in Mpumalanga, to ease the pressure off the roads.

The Gautrain project is now fully functional and carries over 1,2 million passengers a month.

The Passenger Rail Agency of South Africa will spend over 120 billion rand over the next 10 years to buy new trains.

Transnet is implementing its massive 300 billion rand market demand strategy, building much needed transport infrastructure.

To realise the economic potential of the Western Cape and the West Coast, we launched the Saldanha Industrial Development Zone and opened two new factories in Atlantis.

To improve the water supply, two large new dams were completed, De Hoop in Limpopo and Spring Grove in KwaZulu-Natal, while phase 2 of the Lesotho Highlands Water Project is to be launched soon.

Construction is continuing at the new power stations, Medupi in Limpopo, Kusile in Mpumalanga and Ingula near Ladysmith, employing more than 30 000 workers.

We continue to explore other sources of energy, in line with the Integrated Resource Plan for Energy.

The development of petroleum, especially shale gas will be a game-changer for the Karoo region and the South African economy.

Having evaluated the risks and opportunities, the final regulations will be released soon and will be followed by the processing and granting of licenses.

We expect to conclude the procurement of nine thousand six hundred megawatts of nuclear energy.

Biofuels manufacturers have been selected and have started work.

Honourable Members

Ours is indeed a country at work and is a much better place to live in. We must keep the momentum.

Honourable Members,

More of our wealth is created through the internet or telecommunication.

A 37 000 kilometres of fibre-optic cable has been laid by the private and public sectors in the past five years. This will be significantly expanded in the years ahead.

We are proud of our successes in science and technology. The construction of the first telescope of the 64-dish forerunner to the Square Kilometre Array, the MeerKAT, will be completed in the first quarter of 2014.

Honourable Members,

Our incentives to boost manufacturing have yielded returns.

The Automotive Investment Scheme that was launched in 2009 has approved a total 3.8 billion rand worth of incentives for about 160 investment projects. These sustain more than 50 thousand jobs.

The companies will be developing sedan cars, minibus taxis and buses.

We have stabilised the clothing, textile, leather and footwear sector, which had been shedding jobs.

Several industries have been designated for local content. These include buses, canned vegetables, clothing, textiles, leather and footwear and other goods.

We have concrete examples of the success of the localisation programme.

In the past two years alone, more than 20 000 minibus taxis and 330 buses were assembled locally, drawing investment and development to our cities.

In the next five years, the state will procure at least 75% of its goods and services from South African producers.

Fellow South Africans,

We have to work more intensively to develop emerging or black industrialists.

Many of the aspirant black industrialists complain about the difficulties they experience in obtaining industrial finance, supplier and retail markets, and technical production support.

The National Empowerment Fund, the Industrial Development Corporation and the Small Enterprise Finance Agency will continue to provide finance to viable black-owned businesses to promote industrialisation.

In addition, we encourage established businesses to support the development of black industrial businesses.

Agriculture is a key job driver and a provider of opportunities for entrepreneurship.

Our agricultural support programme, Fetsa Tlala, is producing brand new exporters.

The first 88 smallholder farmers in this programme supplied the United Nations World Food Programme with 268 tons of maize and beans to send to Lesotho last month. We expect this number to increase.

We will continue to promote our fisheries sector as well, which contributes an estimated 6billion rand to the economy and provides 27 000 jobs.

Honourable Members,

We have made good progress in the land reform programme.

Since 1994, nearly 5,000 farms, comprising 4.2 million hectares, have been transferred to black people, benefiting over 200,000 families.

Nearly 80,000 land claims, totalling 3.4 million hectares, have been settled and 1.8 million people have benefited.

The next administration will need to take forward a number of policy, legislative and practical interventions, to further redress the dispossession of our people of their land.

These include matters relating to the establishment of the Office of the Valuer-General and thereby opening of the lodgement of claims.

Honourable Members

South Africa is indeed a much better place to live in.

Let me now report on our social transformation programme.

Education is a ladder out of poverty for millions of our people.

We are happy therefore that there is a huge increase in the enrolment of children in school, from pre-primary to tertiary level.

The number of children attending Grade R has more than doubled, moving from about 300 thousand to more than 700 thousand between 2003 and 2011.

A Draft Policy Framework towards Universal Access to Grade R has been gazetted for public comment, with a view to making Grade R compulsory.

Bakwethu,

Izingane ezingu 8 million azikhokhiesikoleni, kantiezingu 9 million ithola ukudla okunempilo ezikoleni okuphuma kuhulumeni, ukuze zifunde kahle zingabulawa indlala.

The matric pass rate has gone up from around 61 percent in 2009 to 78 percent last year and the bachelor passes improve each year.

Through the Annual National Assessments, we keep track of improvements and interventions needed, especially, in maths and science.

To promote inclusivity and diversity, the South African Sign Language curriculum will be offered in schools from next year, 2015.

We have increased our numbers of literate adults through the Kha Ri Gude programme from 2,2 million in 2008 to 3 million people.

We have also been investing in teacher training and are re-opening teacher training colleges to meet the demand.

To produce a decent learning environment, we have delivered 370 new schools replacing mud schools and other unsuitable structures around the country. The programme continues.

Compatriots

We have a good story to tell in higher education as well.

Student enrolments at universities increased by 12% while further Education and Training college enrolments have increased by 90%.

We have increased the budgets of the National Student Financial Aid Scheme to 9 billion rand to meet the rising demand.

Another major achievement of this term has been the establishment of two brand new universities, Sol Plaatje in the Northern Cape and the University of Mpumalanga.

We will also build 12 new FET Colleges in Limpopo, Mpumalanga, KwaZulu-Natal and Eastern Cape.

Compatriots,

The launch of the National Education Collaboration Framework last year was an important development for the country. We wish the team well in their national duty.

Compatriots,

We have a good story to tell in the improvement of health care too.

Over the past five years, 300 new health facilities have been built, including 160 new clinics.

Ten new hospitals have been built or refurbished in Ladybrand, Germiston, Mamelodi, Natalspruit, eThekweni, Zola, Bojanala, Vryburg District, Swartruggens, Khayelitsha and Mitchell's Plain.

Honourable Speaker

Honourable Chairperson of the NCOP

The HIV and AIDS turnaround is one of the biggest achievements of this administration and we are used as a model country by the United Nations Aids Programmes, (UNAIDS).

Mother to child transmission of HIV has declined sharply and we have doubled the number of people who are receiving anti-retroviral treatment, from one million to 2.4 million people in 2013.

More than 20 million South Africans have taken the HIV test since the launch of the campaign in 2011 which indicates confidence in the health system.

Life expectancy is now firmly on an upward trend. South Africans are now living longer.

The target for the next administration is to ensure that at least 4.6 million people are enrolled in the anti-retroviral programme.

We acknowledge the contribution of the South African National Aids Council for the hard work.

While celebrating our success, we must not be complacent. The prevention work must still continue so that we can reach that goal of zero HIV infections sooner.

At a broader level, we will enter a new phase in the implementation of the National Health Insurance programme which will extend quality healthcare to the poor.

Honourable Chairperson of the NCOP,

Honourable Speaker

The overall crime rate has decreased by 21 percent since 2002 and work is ongoing to make communities safer.

One of the key focus areas is to eradicate violence against women and children. We have introduced a number of measures to respond to this challenge.

These include the reopening of the Family Violence, Child Protection and Sexual Offences Units as well as the Sexual Offences Courts.

We thank the many NGOs that promote the rights of women and children who contribute positively to this important work.

Our country continues to be the target of rhino poachers.

Our law enforcement agencies are working hard to arrest this scourge. We have also reached agreements with China, Vietnam, Kenya, Mozambique and other SADC countries to work together to stop this crime.

We thank the business community and all South Africans who participate in the campaign to save the rhino.

Compatriots

The independence of the judiciary has been further enhanced by the establishment of the Office of the Chief Justice as a separate institution from the Department of Justice and Constitutional Development. We have passed several pieces of legislation to support this new role of the Office of the Chief Justice.

Progress is being made in the transformation of the judiciary to reflect the race and gender demographics of the country.

The Chief Justice of the Republic continues to champion and lead this transformation.

Black judges (African, Indian and Coloured) now constitute 61% of all judges.

However, the acute under-representation of women on the bench remains of concern. Of the judicial establishment of 239 judges, only 76 are women.

The challenge is to transform the legal profession broadly in order to nourish the pool from which female judges can be appointed.

The finalisation of the Legal Practice Bill will assist to broaden the pool from which potential judicial officers could be selected.

Honourable Speaker and Chairperson,

South Africans are united in wanting a corruption free society. Fighting corruption within the public service is yielding results.

Since the launch of the National Anti-Corruption Hotline by the Public Service Commission, over 13 000 cases of corruption and maladministration have been referred to government departments for further handling and investigation.

Government has recovered more than 320-million rand from perpetrators through the National Anti-Corruption Hotline.

Some of the successes of the National Anti-Corruption Hotline include the following:

1 542 officials were dismissed from the Public Service.

140 officials were fined their three month salary.

20 officials were demoted

355 officials were given final written warnings.

204 officials were prosecuted.

To prevent corruption in the supply chain system, government has decided to establish a central tender board to adjudicate tenders in all spheres of government.

This body will work with the chief procurement officer whose main function will be to check on pricing and adherence to procedures as well as fairness.

The Special Investigating Unit is investigating maladministration or alleged corruption in a number of government departments and state entities, through 40 proclamations signed by the President during this administration. We will keep the public informed of the outcome of the investigations.

In the first six months of last year, the Asset Forfeiture Unit paid a total of 149 million rand into the Criminal Assets Recovery Account and to the victims of crime.

This is 170% above its target of 55 million rand and is higher than it has ever achieved in a full year.

Last year, the competition authorities investigated large-scale price fixing in the construction industry and fined guilty companies 1.4 billion rand.

Further steps against those involved are now underway.

Compatriots,

I would now like to touch briefly on the provision of basic services to our people.

Over the past 20 years, remarkable achievements have been made in increasing access to services such as water, sanitation and electricity.

Government has begun an intensive programme to eliminate the bucket system as part of restoring the dignity of our people.

Phase One of the programme will eradicate buckets in formalized townships of the Free State, Eastern Cape and Northern Cape.

Phase Two will eradicate buckets in informal settlements in all provinces.

In housing, about 3 million housing units and more than 855 thousand serviced sites were delivered since 1994.

Nearly 500 informal settlements have been replaced with quality housing and basic services over the past five years.

The next administration will promote better located mixed income housing projects.

Compatriots,

Some communities still do not have these services especially in informal settlements and rural areas. We are therefore working with all spheres of government to ensure the provision of these services, especially in the 23 municipalities with the greatest number of backlogs.

Compatriots

In last year's State of the Nation Address, I raised my concern with the manifestation of violence in some of the protests taking place in our country.

Violent protests have taken place again around the country in the past few weeks.

Also worrying is what appears to be premeditated violence, as is the case with the use of petrol bombs and other weapons during protests.

The democratic government supports the right of citizens to express themselves.

The right to protest, peacefully and unarmed, is enshrined in the Constitution.

However, when protests threaten lives and property and destroy valuable infrastructure intended to serve the community, they undermine the very democracy that upholds the right to protest.

The dominant narrative in the case of the protests in South Africa has been to attribute them to alleged failures of government.

However the protests are not simply the result of "failures" of government but also of the success in delivering basic services.

When 95% of households have access to water, the 5% who still need to be provided for, feel they cannot wait a moment longer.

Success is also the breeding ground of rising expectations.

Let me also add Honourable Members, that any loss of life at the hands of the police in the course of dealing with the protests cannot be overlooked or condoned.

Loss of life is not a small matter. We need to know what happened, why it happened. Any wrongdoing must be dealt with and corrective action must be taken. Police must act within the ambit of the law at all times.

Having said this, we should also as a society be concerned that between 2005 and 2013, close to 800 police officers were killed.

The police are protectors and are the buffer between a democratic society based on the rule of law, and anarchy. As we hold the police to account, we should be careful not to end up delegitimising them and glorify anarchy in our society.

The culture of violence originated from the apartheid past. We need to conduct an introspection in our efforts to get rid of this scourge.

As leaders from all walks of life, we must reflect on what we did or did not do, to systematically root out the violence that surfaced in protests during the early days of our democracy.

We have a collective responsibility to build a society that respects the rule of law, respects one another and which respects life and property.

We should work together to rebuild Ubuntu and a culture of responsibility in our society.

Honourable Speaker,

Honourable Chairperson of the NCOP,

A decision has been taken to improve functioning of local government.

The amendment of the Municipal Systems Act is intended to improve the capacity of municipalities to deliver services.

Qualified and experienced personnel must be deployed in municipalities.

We also need to strengthen existing forums of people's participation and enable our people to play a greater role in development.

The fight against corruption must be intensified as well, especially given reports that some services are interrupted or stopped, so that certain people could provide those services at cost to the state.

These matters are being prioritised for the next administration.

Honourable Speaker and Chairperson

Democratic South Africa's foreign policy was shaped many decades ago during the fierce international campaign to isolate the apartheid state.

ANC President Oliver Tambo played a key role in that regard, assisted by among others, the late Johnny Makatini, former head of international affairs.

His wife, Mrs Valerie Makatini is one of our honoured guests this evening.

Africa has remained at the centre of our foreign policy.

We have worked hard to strengthen support for the African Union, SADC and all continental bodies whose purpose is to achieve peace and security.

We have also prioritised the promotion of regional economic integration, infrastructure development, intra-African trade and sustainable development in the continent.

This year we also submitted our third country report to the AU African Peer Review Mechanism which was well received.

We continue to support peacemaking and conflict resolution.

Progress is being made in negotiations between Sudan and South Sudan on outstanding issues following the secession.

Following requests from Sri Lanka and South Sudan for assistance in bringing about peace and reconciliation, Mr Cyril Ramaphosa, has been appointed as South Africa's Special Envoy to the two countries.

His expertise in conflict resolution and negotiations as well as our country's experience in this regard, will greatly assist the two countries to resolve their problems.

We will continue to strengthen relations with Europe, North America, Latin America, Asia and countries in the South.

Participation in international multilateral forums such as the G20 have been beneficial for the country.

And joining the Brazil, Russia, India and China (BRIC) group in December 2010 counts as among the key achievements of the fourth administration.

It was also a great honour to host the Fifth BRICS Summit on 27 March 2013 in Durban, which saw the participation of African leaders to discuss developmental cooperation with BRICS.

We will continue to serve diligently in the United Nations in promotion of strong international governance.

We will also continue promoting the reform of the UN Security Council and global financial institutions.

Honourable Members

As President of the COP17/CMP7 United Nations Climate Change conference which was hosted in Durban in 2011, South Africa successfully placed the world on an unassailable course, through the adoption of the Durban Platform for Enhanced Action.

Compatriots,

Over the past 20 years we have hosted a number of international sporting and cultural visits, which has helped to boost social cohesion and unity.

In the past five years, South Africa hosted the highly successful 2010 FIFA Soccer World Cup and other key soccer, rugby and cricket tournament, which left a tangible feeling of pride and unity among all South Africans.

As we celebrate 20 years of freedom, we will do so having done well in building a new heritage landscape for our country.

A number of new museums and monuments were established, including the statue of Former President Mandela which has become a landmark in the Union Buildings.

More than 2000 geographical names have been changed in order to correct the ill-naming of places, as well as to give communities the right to determine the names of their areas.

Honourable Members

Allow me to acknowledge some of our compatriots who are making their mark in the world.

We congratulate Ladysmith Black Mambazo on winning their fourth Grammy Award last month. We welcome the group leader, Mr Joseph Shabalala, one of our guests this evening.

We also acknowledge Ms Yvonne Chaka Chaka who is one of our guests this evening.

She is doing a lot of good work as the United Nations Children's Fund Goodwill Ambassador for Malaria in Africa and also the United Nations Millennium Development Goals Special Envoy for Africa.

Ms Chaka Chaka was also honoured with the Crystal Award by the World Economic Forum in Davos for her humanitarian work.

We also recognise, in her absence, our Oscar Award-winning Hollywood star, Ms Charlize Theron.

Ms Theron is also the UN Messenger for Peace. She also champions the fight against AIDS especially amongst the youth and young women.

She was also honoured by the World Economic Forum with a Crystal Award.

Compatriots

You would have noticed that in this SONA we have given a report of the past five years in particular and over the past 20 years in general.

This is not an occasion to present the programme of action for this financial year. That programme will be presented by the new government after the elections.

To prepare for that first State of the Nation Address by the incoming administration later in the year, we have over the past year, been working on a Medium Term Strategic Framework.

The Framework has been designed as the first five year building block of the National Development Plan, from 2014 to 2019.

It also incorporates key targets of the Industrial Policy Action Plan, the New Growth Path and Infrastructure Plan.

The intention is to table the draft Framework to the first Cabinet Lekgotla after the elections.

It will be refined by the new administration in line with its electoral mandate, so that work can start as soon as possible after the formation of a new government.

It has been an honour for my administration and I to build on the foundation laid by the first three democratic administrations, to serve the people of South Africa.

As a country we have scored many successes.

South Africa is a much better place to live in now than it was before 1994.

We continue to face challenges. But life will also continue to change for the better.

Nkosi Sikelel' i Africa

God Bless Afrika.

I thank you.

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Pretoria