

THE STATUS OF INDIVIDUAL RIGHTS IN THE CONTEXT OF THE HIV/AIDS PANDEMIC IN AFRICA

Christopher O. Agulanna, Ph.D.
University of Ibadan
Nigeria

Abstract. The human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) pandemic poses a major public health challenge to Africa. The disease has decimated the productive workforce of many African societies and national economies. What is required is an urgent effort on the part of the governments of Africa and concerned nations to help fight the pandemic. Testing for diseases has been recognized as the "critical gateway" to treatment and prevention of HIV/AIDS. Western ethical thinking often emphasizes voluntary testing as more appropriate than other forms. This paper argues on the contrary that rights-based approaches to HIV testing, while helpful, may not avail much in dealing with public health emergencies such the HIV/AIDS problem confronting Africa. Given the present scale of the pandemic in Africa in which millions of people are sick or have died, and with an uncertain future awaiting millions of others, the paper argues that the policy of compulsory testing, if applied in an ethically-balanced way, may be helpful in the battle against pandemic. The paper offers ethical justifications as well as empirical support for the position it articulates.

Introduction

I have elected to write this paper because I fear that African peoples face the possibility of total extinction if nothing is done on time to halt the spread of the obnoxious disease called HIV/AIDS, which is at present the greatest public health challenge facing the African continent. Not only is HIV/AIDS a big problem for Africa, but it is also a major cause of death in it at the moment. It is no exaggeration therefore to say that all the deaths resulting from HIV/AIDS in the short span since it was first detected far outweigh those resulting from the continent's many wars. The only other calamity comparable to the present devastation is the death of over thirty million Africans during the Trans-Saharan slave trade of over three hundred years ago. But even the deaths resulting from the evils of slavery happened over a period of three centuries or more.

Today, HIV/AIDS remains the major cause of disease and death in Africa. More people have died in Africa of HIV-related sicknesses in a short space of time than of such fatal and chronic diseases that ravaged the continent in the past as malaria and tuberculosis. There is a tragic irony about the HIV/AIDS problem in Africa: in a continent where people barely

manage to live due to their social and economic vulnerabilities, a disaster of unimaginable magnitude has come to add to their woes. Of all the regions of the world affected by HIV/AIDS, sub-Saharan Africa is the worst hit. Millions of people have already died of the HIV/AIDS; millions of others are either infected or are ready to die! Because of the pestilence, many communities have lost their productive work force; millions of children have been orphaned, while uncountable numbers of people have lost their relatives or loved ones. And because the virus causing the disease is now domiciled in Africa, the problem has gone from being a mere epidemic to being a pandemic—a calamity and a public health disaster for Africa.

With perhaps more than ten thousand HIV infections occurring every day, Africa is home to two out of every three people living with HIV or AIDS in the world. The irony of it all is that as De Zulueta (2001: 290) puts it: “countries with the highest prevalence of [HIV/AIDS] are those with the fewest resources to combat the disease.” What are the critical elements or tools that can be used to combat the HIV/AIDS pandemic in Africa? And what ethical justification should guide African nations in their bid to ward off this major public health disaster? In seeking answers to these questions, the paper aligns with some quarters in their opinion that screening is an essential element in dealing with the HIV/AIDS problem (see Rennie and Behets 2006, 52). The paper, however, also argues that in the pandemic situation confronting Africa, the compulsory testing of the populace to determine people who are HIV seropositive could be a major step in combating the pandemic. But testing alone will not avail much: counseling, treatment, and care are essential in the fight against the dreaded disease. The paper supports its position by offering empirical evidence of countries that have had resort to compulsory screening of people as a way of dealing with public health challenges.

HIV/AIDS in Africa: a brief remark

A bleak future awaits today's Africa. With over half its population weakened by HIV/AIDS, the continent is on the verge of atrophying. Unless something urgent and drastic is done, it is unlikely that African peoples will witness end of the twenty first century. The HIV/AIDS pandemic is without doubt the greatest health challenge of our generation. Urgent measures and new methods are required to fight the pandemic. The problems of poverty, ignorance, and negative cultural values that make people susceptible to sickness and disease must be dealt with. Public policy should aim at the welfare of all who live in society. It is in guaranteeing



public welfare that individual members of society can have their personal goals realized.

Ethical justification

What are the ethical grounds for compulsory HIV tests? In proposing compulsory testing as a way of dealing with the HIV/AIDS pandemic in Africa, we derive ethical justification from utilitarian and communitarian ethical principles. Ethical utilitarianism aims at the maximizing of good—in our context, the good of all, not just of a few persons in society. If we define the individual as society *writ large*, what that would mean is that it is only in the human community that the individual can hope to realize his or her social goals and personal aspirations. Community is made up of a collection of individuals, or put differently, of units of different individual human entities. The idea of collective welfare need not suggest, as some are wont to think, that individual interests or uniqueness are submerged in the collective. Communitarianism on its part has been characterized in different ways by scholars; for example, it is sometimes construed as the rejection of individualism (in the Hegelian sense), as the claim that the rights of individuals are not *basic* or that “the individuals are constituted by the institutions and practices of which they are a part, and their rights and obligations derive from those same institutions and practices” (see Audi et al. 1999, 719).

Some scholars refer to the notion of African ontology (self-identity) to justify the view that African value systems are community-based. For example, John Mbiti, a foremost cultural anthropologist, argues that in Africa, it is only in terms of other people that the individual becomes conscious of his/her own being, his/her duties, his/her privileges and responsibilities towards him/herself and towards other people. This idea is captured in the following maxim: “I am, because we are, and since we are, therefore I am” (Mbiti 1969, 108-109). This type of claim, says Augustine Frimpong-Mansoh, contrasts to the Western individualistic culture in which people usually describe their self-identity by the Cartesian maxim: “I think, therefore I am.” But the idea of communal values need not suggest that the individual will be totally submerged in the collectivity or the whole. We shall consider this idea in a more detailed manner later on in the paper. Suffice it to say that communitarian values, as Frimpong-Mansoh (2006:4) argues, also accommodate (or respect) individual rights and autonomy as values worth aiming at. When we relate these theoretical matters to the issue of the HIV/AIDS pandemic in sub-Saharan Africa, the idea is to argue that a

policy of compulsory testing, if properly applied, can help promote the interests of the members of the society as a whole.

The call for compulsory HIV testing is nothing new. All through history, societies have had to adopt strong measures to deal with difficult situations confronting them. At the rate in which HIV/AIDS is spreading in the continent, if the leaders of Africa are to wait until the people voluntarily decide to be tested for the virus, there will eventually be nobody left for them to govern. Before we discuss the issue of compulsory testing, we shall first provide a brief empirical narrative of the HIV/AIDS situation in Africa. This narrative will be followed by case studies or examples of societies that have adopted the policy of compulsory screening in dealing with their health care problems.

The HIV/AIDS pandemic in Africa: diverse, complex and unabated

The human immunodeficiency virus/acquired deficiency syndrome (HIV/AIDS) remains the major cause of death in sub-Saharan Africa today. With millions of people dead or on the verge of dying, the disease poses the greatest health challenge not only for Africa but to the world as a whole. Deaths resulting from HIV/AIDS are so rampant that most communities are now finding it difficult getting places to bury their dead. The pandemic is decimating the African population that some countries have almost lost their entire productive workforce to the vile disease. In some countries, educational institutions are moribund as teachers have either died or been made ineffective by their debility. In a year 2000 study, the ILO reported the near collapse of the educational system in Zambia when teachers were forced to stay away from school because of prolonged HIV/AIDS related illnesses. According to the UNAIDS and UNICEF, by the end 2005 between 25 percent and 50 percent of teachers in Central African Republic would have died from HIV/AIDS disease. Between 1996 and 1998 more than 100 educational establishments were closed down in the country due to loss of tutors (ILO 2000; UNICEF 2001; UNAIDS 2003). The labour force in many African countries has already been destroyed by the pandemic. The future seems too bleak indeed.

If statistics are anything to go by, sub-Saharan Africa has the highest HIV/AIDS prevalence in the world today. Out of the estimated 530,000 children born with HIV infection everyday, nine in every ten are from sub-Saharan Africa. And out of every 10 women currently living with HIV, 8 are also from this region. In all, 70 percent of the worlds 50 million HIV/AIDS infected people are in sub-Saharan Africa (UNAIDS: <http://unaids.org>). The HIV/AIDS pandemic challenges public health on a

“massive” and frightening scale. According to Richard Coker, a global health problem like HIV/AIDS requires a global effort in order to combat it. Somehow, the pandemic is devious and sly, devastating and debilitating. In its impact and scope, HIV/AIDS is diverse, complex and unabated. Richard Coker paints a pathetic picture of the effect HIV/AIDS on the world this way:

Sub-Saharan Africa is being devastated, life-expectancy has plummeted, and massive economic hardship follows in its wake. Asia and Latin America have witnessed marked increase in prevalence and parts of Eastern Europe are the settings for explosive epidemics (Coker 2003, 3).

HIV tests: mandatory, voluntary and routine

With the tragedy occasioned by the HIV/AIDS pandemic in Africa, there is a need for the governments and people of Africa to take urgent steps to halt the spread of the HIV/AIDS disease in the continent. We must think of new strategies and methods for dealing with the problem. Conventional methods may not be adequate to combat the scourge. Compulsory testing, coupled with counseling, treatment, and care are crucial factors in dealing with the challenge. By way of clarification, HIV tests refer to methods used to detect the presence of the human immunodeficiency virus in serum, saliva, or urine. Such tests may also detect HIV antibodies, antigens, or RNA. Different types of HIV tests exist such as antibody tests, antigen tests, PCR tests, nucleic acid tests (NAT), etc. The antibody test is the most familiar type used in diagnosing HIV in individuals. The test shows whether a person has been infected with HIV or not by simply looking for HIV antibodies in the person's blood. Antibody tests are also known as ELISA (Enzyme-Linked Immunosorbent Assay) tests.

Rennie and Behets (2006, 52) refer to testing as the “critical gateway” to HIV treatment and prevention. Without such testing, it will be difficult to know people who are infected by the HIV virus. Testing is routine when offered to everyone within a certain population (for example, pregnant women or people within a certain age group) on a routine basis. Routine testing is also referred to as ‘opt-out’ screening, implying that the test is automatically performed unless individuals concerned raise objections and ‘opt-out’. It involves securing a person's full or verbal consent before it can be carried out. There are many who prefer routine testing to compulsory testing not only because the former is said to be *more effective* from ethical

and both public health perspectives but also because the latter, it is believed, is likely to restrict free choice and can result in stigmatization and discrimination. Still on the issue of testing, Bonita de Boer (2007) argues that in any epidemic, identifying individual cases of diseases is essential both to gain a greater understanding of the scale of the problem and to better provide treatment, care and advice for those infected. In the case of HIV/AIDS, de Boer says, this 'necessity' (for testing) is particularly great "as people can remain unaware they are infected for many years, creating huge potential for onward transmission" (de Boer 2007, 2).

While testing is crucial in the battle against HIV/AIDS, it must, however, be accompanied by prevention, treatment, and care. As we argued earlier and as even the WHO recommends, testing must coincide with programmes and policies to reduce stigma, reduce discrimination, and protect human rights. Testing by itself will not solve any problem, and compulsory testing, in particular has the potential to lead to stigmatization or denial and neglect of personal rights, especially in Africa where many women still suffer violence in the hands of men due to entrenched gender inequalities. Women or girls who test positive on HIV are likely to suffer violence or even abandoned by their husbands, boyfriends, neighbours, and community members (see Rennie and Behets 2006, 534). Even when men or boys contract HIV/AIDS through their own careless living, women and girls are most likely to be held liable for this problem.

Before any policy of testing is contemplated, the critical issues that must be considered are justice, treatment, counseling, and care. Without taking them into account, testing (whether voluntary or compulsory) will create more problems than it will solve. Again, there is no way a country can conduct testing for all its citizens. Therefore, it makes sense to begin the policy of compulsory testing with high-risk groups such as sex workers, pregnant women, soldiers, and prisoners. The reason is that they are exposed to the danger of the HIV infection the most. In most countries, there is already compulsory testing for prisoners, military personnel, and even prisoners such that what we are advocating here need not alarm anybody. Testing pregnant women for HIV/AIDS, for example, has been recognized as a way of protecting not only the woman but also the unborn baby. Early detection of the virus could serve the purpose of early treatment and care for both mother and child. This, in our opinion, is a good public health measure: a healthy, appropriate and ethically sound policy.

Compulsory HIV screening: the utilitarian and communitarian perspectives

Utilitarianism, according to Kymlicka (2002, 10), is the claim that the morally right act or policy produces the greatest happiness for the members of society. For Timmons (2002), utilitarian moral theories are value-based, since for such theories, considerations of value are prior to considerations of right and are the bases for a theory of right conduct. Utilitarianism is also a form of consequentialism, since it is concerned with the consequences of particular acts on human welfare (Kymlicka 2002, 12; Timmons 2002, 104). According to the theory, the moral worth of an action is to be measured on whether it contributes to overall utility. As moral agents, we have an obligation "to bring about the best state of affairs bearing on welfare that we can in the particular situation in which we find ourselves" (Timmons 2002, 105). But notwithstanding the shortcomings in the theory, the attractions of the utilitarian ethical doctrine lie in the fact that it conforms to our intuitions that human well-beings matter and that moral rules must be tested for their consequences on human well-being (Kymlicka 2002, 12). It is this recognition that human beings matter that forms the basis for adopting the theory as part of our theoretical framework in this paper.

On utilitarian grounds, compulsory screening for HIV/AIDS might ensure the welfare of the individuals that make up the society if only government and policy makers will provide easy access to treatment and care for people with HIV/AIDS—treatment that is affordable, accessible, and free of stigma. Governments in regions of high HIV prevalence like sub-Saharan Africa can do this by providing vision and leadership which will help create a social context within which other role players and organizations can operate to alleviate the impact of the pandemic (see *Final Report*, 1997). In dealing with the pandemic, the community also plays a very important role. In our context, the sum-total of individuals in society is what we mean by *community*. In reality as well, society is constituted by individuals. Part of the attraction of utilitarianism, according to Kymlicka (2002, 36), is its secular nature; for utilitarians, morality matters because human beings matter.

One of the dangers that some people have identified with the theory is that it may encourage sacrificing some people for the so-called welfare of others. This is rather counter-intuitive and contrary to our understanding of the goal of morality. One of the attractions of utilitarianism is the idea that people matter, and matter equally; another is that each person's interests should be valued equally. Apart from the problems mentioned above, one general criticism of utilitarianism is that it fails as a principle of equal

consideration since in trying to maximize public welfare some individuals will end up as means to the good of others. But our moral intuition tells us that human beings should not be treated as means to an end. In the Kantian sense, human beings are *ends* in themselves because they have dignity. Another major problem with the utilitarian ethical principle that some scholars have mentioned is the claim that utilitarianism is primarily concerned not with persons, but with some abstract state of affairs (Kymlicka 2002, 33). In other words, for utilitarians, maximizing the good is primary not derivative, and individuals are counted as important because that is the way to maximize value. And as Williams (1981, 4) puts it, people are just viewed as *locations* of utilities, or causal levers for the 'utility network'. Now, if people end up as just tools or instruments for the maximization of an abstract notion called the *good*, then "morality," says (Kymlicka 2002, 36), "has dropped out of the picture, and a no-moral ideal is at work."

These criticisms of utilitarianism are well-meaning. Almost all moral theories face the same theoretical difficulties. A utilitarian may argue that her goal in HIV testing is to promote human welfare not just a mere *state of affairs*. But with regard to the issue of compulsory testing, utilitarians need to assure us that personal freedom is not encroached. In other words, we need to be assured that individual rights and autonomy will not be trampled upon in the bid to promote collective well-being or 'common good'.

At this point in the discussion, we need to remark that the distinction that some scholars sometimes make between individualism and communalism is often exaggerated. As it stands, community is nothing more than the individual *writ* large. A good society is one which recognizes and respects the rights of its citizens, collectively and individually. For, it is in protecting individual members of the society that the community finds its meaning and fulfills its true goal and purpose.

Some differences exist between utilitarianism and communitarianism. We shall briefly mention a few here. While utilitarians, liberal egalitarians, and libertarians differ a little on the content of justice, they all seem to think that their preferred theory of justice provides a standard that every society should live up to. But communitarians disagree, saying that the value of community is not sufficiently recognized in these theories or in the public culture of liberal societies as a whole (Kymlicka 2002, 208). What communitarians are saying, which utilitarians do not say, is that we should pay attention to the local beliefs as well as shared practices and understandings within each society when we formulate moral or political ideals. Like Hegel, communitarians believe that in dealing with social issues,



adopting a more contextual and community-sensitive approach will avail more than the abstract and individualistic approach usually adopted by liberals. For many communitarians, the main problem of liberal theories (including utilitarianism), is not even their ideal of justice or their emphasis on universalism but their failure to realize that individual freedom and rights are only realizable within community. Hence, communitarians lay emphasis on the idea of the 'common good' or shared values in society.

A common objection to communitarianism would be to say that its idea of 'common good' is trite or even misleading. After all, there is also a 'common good' present in liberal politics, "since the policies of a liberal state aim at promoting the interests of the community" as well (Kymlicka 2002, 220). Another objection is based on the idea of shared values: it is difficult to have a community where all members have a shared understanding of what is good, fair, and just. But one way to resolve the differences between communitarianism and liberalism is to say that personal freedom, shared values, and justice are all needed for society to flourish. They need not be treated as if they are antinomies. For as the opinion goes, justice does not displace love or solidarity, and nothing in the idea of justice precludes people from choosing to forgo their rightful claims in order to help members of society. On the contrary, what justice does is to ensure that decisions in society are genuinely voluntary, and that no one is forced to accept a subordinate position. Put differently, "justice enables loving relationships, but endures that they are not corrupted by domination or subordination" (Kymlicka 2002, 210). If we allow for what we have just said above, it follows that compulsory testing may help prevent further infections and enhance access to treatment, which is necessary for protection of basic human capabilities and related rights such as rights of children to get education and rights of mothers and other people to live and remain healthy. Promotion of these rights may weigh more than the right to refuse to be tested. In other words, individual members of society may stand to gain more when community welfare is guaranteed.

How do these views expressed above jell with the idea of compulsory testing for HIV/AIDS in Africa? In answering this question, perhaps what needs to be said is that generally in Africa, sickness and death are not usually regarded as mere individual problems. On the contrary, when an individual is sick or a person dies, all members of the community usually get involved in providing comfort and care for the people who suffer or are bereaved. The community suffers when any of its members suffers. However, to argue this way is not to imply that individualism and communitarianism cannot be blended to eliminate any form of tension that

may exist between them. Sure enough, there are cultural variations between Western and African societies. Whereas African culture is characterized by communitarian values, Western culture on its part is characterized by individualistic values. This distinction need not befuddle us in any way. But does this suggest cultural relativism? The answer is no. What is illustrated by the above distinctions is the idea of cultural variation, not relativism or cultural autarchy. A very simple example will help illustrate this fact.

In Western societies, social welfare schemes are created to meet social needs of the individual and the helpless. In Africa where there are no such schemes, the community undertakes to meet such needs. For example, in Western societies, the institution of *Old Peoples' Homes* helps take care of the aged when family is unable to render needed care. But in Africa, it is an anathema to put one's parents in such homes. In Nigeria, for instance, such homes created by colonial Britain have been turned into museums of some sort because people would not dare put their old relatives in such places. Usually, children or extended family relations would play the role of caring for their aged loved ones when they become weak or helpless.

There is no conflict here between Western and African values but a swapping of roles and a blending of individualistic and communitarian values. In the old peoples' homes, an artificial *community* is created, while in Africa, the community directly fulfills its duty to its members. When we relate this narration to compulsory HIV testing in Africa, the argument can be made that the rights of the individual will not be jeopardized in such testing since in communitarian societies, rights are not usually regarded as *natural* but as a consequent of being a member of a community. This fact is ever recognized by some global ethical ideals guiding medical research. For example, a fundamental ethical requirement in medical research involving human subjects is that before any research could take place, researchers must obtain voluntary informed consent from research participants (or for those incapable of giving consent, from some competent designated proxy).

Many Western researchers in Africa have observed that individuals often need approval from their community leaders, parents, husbands, or some designated authority before they will participate in a research. Does obtaining a husband's or community leader's approval before taking part in a research make the research unethical? Article 7 of the International Covenant on Civil and Political Rights requires for instance that "no one shall be subjected without his or her free consent to medical or scientific experimentation." According to Frimpong-Mansoh (2006, 4), "in its orthodox sense, the principle of voluntary informed consent is rooted in individualistic values." Does this then mean that individualistic and



communitarian values are logically incommensurable? We do not think so. On the surface, it appears that some tension exists between individualism and communitarianism--scholars sometimes exaggerate cultural antinomies and difference, empirical reality, however, shows that in today's complex and pluralistic world "compatibility between the two is possible" (Frimpong-Mansoh 2006, 4-5). To return to the question posed earlier: *Would* obtaining community or parental approval before participating in a research invalidate research findings? It would be absurd to think so.

Does compulsory HIV screening amount to an abuse of individual right? By parity of reasoning and from a communitarian perspective the answer is no. Again, from a utilitarian perspective of maximizing public welfare and good, the answer is also no. In a recent study in Malawi sponsored by the US National Bioethics Advisory Commission (NBAC 2001), the study team observed that:

Community consent at the national or institutional level is removed from individuals and the local community, and it seems likely that consent by community leaders would not have an undue impact on the decisions of individuals.

Compulsory HIV screening, in our thinking, will not necessarily hinder adherence to human rights in a region of high HIV prevalence. In Africa, communitarian values require that the individual give up some of his/her *fundamental human rights* in the interest of community. This will not amount to an abuse of human rights in the way liberal thinkers understand that idea. In Africa, from the time the individual is born to the time he or she dies, the individual is *owned* by the community. The policy of compulsory HIV testing will not lead to an abuse of right in Africa if it is properly managed and if those found to be infected are adequately cared for. In Botswana, for example, the government is said to favour compulsory testing over voluntary screening. The reason is that voluntary testing seems ineffective in stemming the escalation of the pandemic in that country. A context-specificity approach is what is required in the fight against HIV/AIDS in Africa. In the fight against the HIV pandemic in Africa, care must be taken not to invent universal arguments founded exclusively on the moral experience of some alien cultures. And as one Western liberal thinker points out, "effective social criticism must derive and resonate with the habits and traditions of actual people living in specific times and place. We should be careful in appealing" (Walzer, quoted in Bell, 2005).

Compulsory testing for diseases: some contemporary examples

Compulsory testing for major diseases has remained a part of public health policy of societies from time immemorial. In the past, there were leper colonies. In the matter of HIV/AIDS, from the time the disease became a public health problem, different countries have evolved ways to detect and deal with it. In the United States of America, for example, many state and national laws make it compulsory that *all* prison inmates be tested of HIV upon entry or release from jail (de Boer 2007). US laws also require HIV testing for all immigrants entering America. In the first decade of the epidemic, about 81 countries introduced AIDS-specific legislations as a way of dealing with the disease. As of 2004, about 46 countries have made HIV testing part of their immigration laws--with countries like China, Cuba, and Japan even using such measures as detention and/or quarantine for HIV control (see Coker 2004, 4; Garret 1994).

Some European countries have entry restrictions for HIV-positive foreigners seeking work permit or studentship. In the Indian state of Andhra Pradesh, a new legislation about to be enacted, make it compulsory for couples to take HIV tests before marriage. In Nigeria, churches and mosques require couples to undergo screening for HIV, genotype, Blood Group, and Hepatitis B before marriage! In the Southern African country of Lesotho, the Government is about to implement mandatory HIV screening for its citizens. The Bill Clinton Foundation is committing about one hundred million dollars to fund the programme. Former US President Bill Clinton said that he supports mandatory HIV testing in countries with high prevalence provided that such countries are willing to participate; can provide universal access to antiretroviral drugs, and can ensure that HIV-positive people would not experience discrimination. According to Clinton, there should be "a total rethinking of this testing position in the AIDS community and a real push for it" (see <http://www.medicalnewstoday.com/article/40616.php>).

Concluding remarks

There are fears that compulsory HIV screening will lead to ethical problems such as discrimination, breach of confidentiality (often lost when compulsion is involved), and stigma. It is also argued that compulsory testing could induce fear in people, thereby leading many to evade the exercise (Coker, 2004). These fears are legitimate. But they do not obviate the drastic measures in emergency situations, measures that do not always accord with accepted standards. As it stands, there seems no other method for dealing with the pandemic situation in Africa than the introduction of

the policy of mandatory testing for HIV. Whatever difficulties may arise from such a policy will be outweighed by the public good it is likely to promote in the end.

As Coker (2003, 3) reminds us, disease screening remains "one of the most basic tools of modern public health and preventive medicine." Even the World Health Organization (WHO) advocates in a model legislative framework that when "crucial" to public health, "the population or particular groups of it shall have a *duty* to undergo... blood tests, or other comparable tests that can be carried out without danger" (see Pinet, 2001). The relevance of this framework for Africa's battle against the HIV/AIDS pandemic lies in the fact that HIV/AIDS is such a *crucial* public health problem that requires urgent action to combat. For the reason of urgency, the paper argues that compulsory testing is the best option in the battle against the HIV/AIDS pandemic in Africa. And to reiterate a point in this paper, the goal of testing will only be realized if it is accompanied by treatment, counseling, and prevention. This is the same goal that the World Health Organization sets for nations in the fight against the HIV/AIDS pandemic. According to the W.H.O. recommendation, "individuals must be assured that testing is linked to accessible and relevant treatment, care, and other services." In the words of Rennie and Behets (2006), this recommendation "seems to be bold and positive." The paper concurs to this verdict.

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