

Jane Zhu

# AIDS in South Africa

## *NGO-State Relations and a Path Towards Reconciliation*

Jane Zhu

### Introduction

When civic response to HIV/AIDS is strong, international and domestic non-governmental organizations (NGOs) often undertake roles left unfulfilled by the state. [1] These observations have been made for less affluent countries, including Thailand, Brazil, and Senegal, that have had the best records of success in limiting HIV transmission. In Uganda, the breakdown of the health sector in 1986 led to the rapid establishment of projects and services by the NGO community. [2] Because no coherent national health policy existed at this time, reform of the health system was entirely dependent on outside resources. As a result, HIV prevention initiatives easily took hold in various diverse and un-integrated programs supported by many international NGOs. District-level initiatives were implemented by domestic NGOs, while long-term partnerships with government sectors allowed non-state participation at the national level to formulate policy. These efforts have been reflected in a dra-

matic decrease in Uganda's HIV infection rate, from 30% in 1991 to 12% today. [2]

Initially, case studies like these suggest that NGOs have a capacity to mobilize sufficient financial, technical, social, and political resources to combat the AIDS pandemic. In South Africa, however, NGOs have been limited in their capability to effect large-scale change in AIDS policy formulation and implementation. With a stable bureaucracy, an industrial economy, and significant domestic capacity, South Africa is widely recognized as having the resources to effectively combat the spread of AIDS. [2] Indeed, with South Africa's transition to democratic governance in 1994, there was general consensus that the new government would work with strong existing NGO networks to implement a well-formulated national AIDS plan. [3] By 1998, however, little progress had materialized on the part of the government; South Africa is often highlighted today as an example of governmental failure in AIDS response. Given this governance vacuum, one might expect NGOs to have stepped in, but the experiences of other countries are not paralleled in South



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Africa. The country now records one of the world's fastest-growing HIV infection rates. [9]

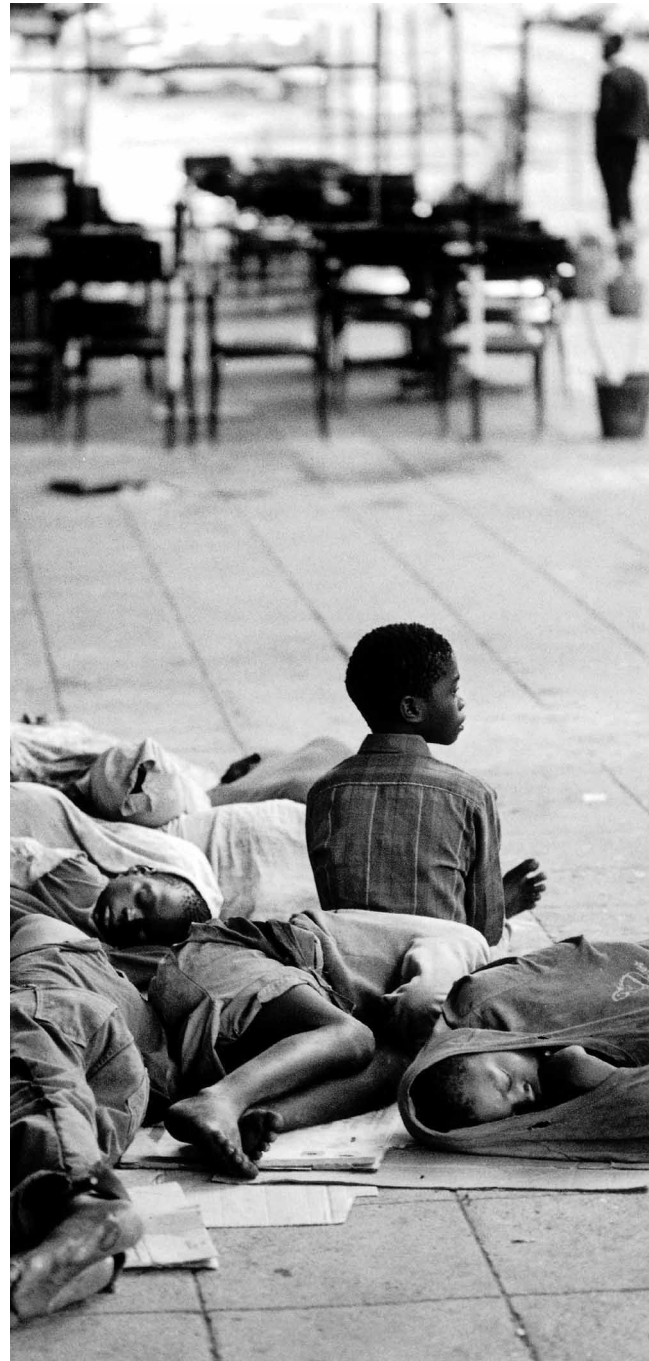
Within this context, this paper examines why NGOs have been limited in their capacity to influence South Africa's response to AIDS. I argue that in cases whereby both governments and NGOs are unable to effectively address the AIDS issue, a new phenomenon of hyper-networks can engage multiple entities and facilitate interaction that can ultimately lead to more effective HIV/AIDS policies and outcomes. In the AIDS arena, the recently established Joint United Nations Program on HIV/AIDS (UNAIDS) exemplifies such a network. Borrowing a term from the literature, this example of a "global policy network" is unique in its expanded participation spanning from civil society to governmental and intergovernmental, corporate, and nonprofit bodies. [1]

In the following sections, I first consider why the South African government has not successfully responded to AIDS, and thus highlight the role that NGOs could fulfill in this environment. I then examine reasons for failed NGO-state cooperation despite the need. Finally, I assess the likely role of global policy networks such as UNAIDS in improving government-civil society relationships, and ultimately, responses to AIDS.

### What are the limitations of the state?

At a general level, an interesting question is whether *any* state alone has the capacity to address the AIDS issue. Here it is important to recognize several characteristics of AIDS that challenge an affirmative response. Firstly, AIDS reflects the high degree of interdependence and mutual vulnerability among peoples in an increasingly globalized world. Because it involves so many different actors, it cannot be dealt with effectively by a single organization—governmental or otherwise. Secondly, the AIDS issue spans both global and community levels, and therefore requires a multilevel response involving both coordinated international action and community-based prevention and treatment. Thirdly, AIDS is spread by private and often taboo behaviors, including drug use, premarital sex, extramarital sex, commercial sex, and sex between men. Efforts to prevent its spread, then, often encroach upon private spheres that may be beyond the reach of states. [4] As a result, governments frequently do not control the information and other resources essential for good AIDS governance. The very nature of AIDS opposes the likelihood that states alone can deal effectively with the disease.

The post-apartheid government recognized early on the difficulty of addressing the AIDS crisis and the need to create a two-way flow between government and NGOs. Although no national strategy and no institutions existed to target the AIDS issue in the apartheid era, alignments of antiapartheid political groupings helped create strong and diverse



The global AIDS pandemic has been especially costly for Africa. Many children lose their families to the disease. (Photo: Veit Mette)

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networks for cooperative progress. As the leader of the antiapartheid movement, the African National Congress (ANC) was able to unite large numbers of people from non-governmental and health and welfare sectors. This informal coalition began discussing the principles and content of a national response to AIDS as early as 1990. [5] South African health organizations committed themselves to establishing a national AIDS program through non-governmental channels, including the National Progressive Primary Health Care Network, culminating in the formation of the National AIDS Task Force that year. [5] In 1992, the ANC and the Department of Health jointly convened a national conference that brought together many actors across sectors to form the National AIDS Committee of South Africa (NACOSA), an umbrella body whose purpose was to coordinate

centralized the government and reduced its control over social spending and implementation, including for efforts directed at the AIDS epidemic. [5] The responsibility of many public functions was instead relegated to the provincial level. Secondly, the jobs of civil servants were protected for the first five years post-1994; consequently, the ANC inherited an intact apartheid administration. [3] The side effects of these conditions in South Africa marred the initial attempt to structure a unified national response.

Hildebrand and Grindle (1994) propose five critical requirements for successful implementation in the public sector capacity: an institutional context with clear rules, functional organizations, coordinated activities across organizations, skilled human resources, and an enabling social, political, and economic context. These conditions are absent in the

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a national AIDS plan. [3] The AIDS plan assigned a central role to the government as the leader, fund-provider, and implementer of a national response, but within its core infrastructure utilized a multi-sectoral and comprehensive network at the national level, with implementing units in key ministries. This plan was immediately adopted by the Department of Health when the apartheid regime transitioned to ANC-led democracy. [3]

In the two years following the government's installation, the policy terrain was highly consultative, marked by much non-government participation. [3] The participatory manner by which the national AIDS plan was developed, for example, reflected the continued interdependence between the ANC-led government and non-governmental actors; likewise, the creation of the AIDS Advisory Group to advise the HIV/AIDS Directorate within the Department of Health was notable for its inclusion of mostly non-governmental representatives. [5]

While the post-apartheid government had largely established the necessary guidelines for an effective response to the epidemic, it proved incapable in implementing these policies. A number of institutional constraints provided significant challenges that hampered the new government's capacity to deliver the ambitious goals of the AIDS plan. In particular, two conditions of the government handover significantly shaped the implementation of social policy after 1994. First, the new constitution established a quasi-federal system, which effectively de-

South African case:

1. The roles and relationships between spheres of government were unclear. Provincial AIDS coordinators had the task of implementing programs through district structures that were not only weak, but over which they had no authority. The roles of the District AIDS/STD coordinator in one province, for example, remained undefined through 1998. [3]
2. Existing organizations were inefficient due to the deficiencies of both the old and new administrations. The ANC administration inherited an old-school civil service that was still unresponsive to the needs of the majority. At the same time, the new national staff was unfamiliar with bureaucratic procedure. At the provincial level, the logjam between the old and new bureaucracies led to significant bureaucratic problems. A recent study by the Institute for Democracy in South Africa (IDASA), for example, found that despite the existence of financial resources, provinces consistently under-spent their AIDS program budgets. [5]
3. Little intergovernmental coordination existed. Decentralization led to great variability of political strength between provinces. More stable provinces regarded federal efforts to guide HIV/AIDS programs with suspicion, while weaker states abdicated their responsibilities to the national level. This friction trickled down even

to the local level. [5] As a result, AIDS policy became the object of feuding between different levels of government that engaged in power struggles to negotiate roles and responsibilities. An absence of accountability allowed mutual blame to occur for failures in implementation, which further incapacitated coordination at both the national and provincial levels.

4. Over-emphasis of politics promoted inadequate civil servants and service provision. Having employed undemocratic practices in the past, the inherited apartheid administration was more concerned with maintaining a political system of “divide and rule” than with delivery of social goals. [5] As a result, corruption was commonplace, and many of those in responsible positions lacked basic skills such as planning, budgeting, and evaluation. This ethos was reflected even at the service provision level; community surveys consistently found health professionals to be harsh and unsympathetic. [3]

Thus, in the transitional period from apartheid to democratic government, the state was unable to implement a concerted effort against AIDS.

### **Given state inadequacies, what are the roles of NGOs?**

Certain intuitive ideas exist as to which factors best predict the scope and effectiveness of government response to crisis. These characteristics may reflect level of economic development, bureaucratic capacity and regime type. One might imagine, for example, that a country with high economic development, high bureaucratic capacity, and a democratic government would reflect better records in AIDS response than a country on the opposite end of the spectrum.

However, two countries widely credited with mounting the most effective AIDS responses in the developing world seem to contradict these intuitions. One of these countries, Uganda, has experienced state decay, civil war, and disorder for a large part of its postcolonial history. In the past decade, the government has outlawed political parties, and the Museveni regime has received very low marks from Human Rights Watch for violence against civilians in the process of fighting two internal guerrilla movements. The other country, Senegal, is one of Africa’s poorest countries. At the same time, two of Africa’s wealthiest and most bureaucratically-endowed states, Kenya and Zimbabwe, have had the worst records in responding to the AIDS crisis. [9]

In both cases of successful responses to AIDS, however, there are some shared characteristics. Vast networks of NGOs, including community-based, church-based, and international groups, have been able to engage cooperatively with governments to develop and implement AIDS prevention programs. In Uganda, for example, government and NGO cooperation in broad-based initiatives have facilitated sustained population-wide behavioral changes. The Ministry of Health developed extensive education campaigns in partnerships with a wide range of media organizations. International donors helped establish the first African center for anonymous HIV testing and counseling. The government, as well as networks supported by international bilateral and multilateral donors, helped fund these efforts. [2]

Thus, states that alone are unable to address the AIDS issue effectively have acted strategically to support the participation of non-governmental actors. Where a space is left vacant by the state, then, one might expect NGOs to perform two functions:

1. to act as partners of the state in providing logistical, social, and political support, especially in implementing programs and providing services such as HIV testing, condom distribution, clinical treatment, and community-based education (Boone and Batsell 2001); and
2. to promote policy reform and change counter-productive state behavior. [6]

Indeed, AIDS-NGOs have tried to engage in both roles in South Africa. Because of the politically charged nature of AIDS, state and NGO ideas about how to address the problem differ and often conflict. In recent years, for example, President Thabos Mbeki has angered the non-governmental community by de-prioritizing HIV/AIDS as a cause of concern, a move that some argue has barred the progress of NGO efforts. Therefore, even community-based prevention efforts by NGOs implicitly push for changes in state perception of the AIDS issue; conversely, government acceptance of certain prevention programs and treatment initiatives may signal a concession to non-governmental principles and strategies.

I focus, then, on the second function of NGOs in the South African AIDS landscape. NGOs that target the state to change existing policies or formulate new ones do not possess power in the traditional sense. As Keck and Sikkink point out, they must use instead the instruments of “persuasion, socialization, and pressure” [6] Ultimately, the goal is to alter the contexts within which states make policies,

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and therefore affect the policy outcomes themselves. In these efforts to exert influence, NGOs utilize the specific tactics of:

1. *information politics*, or the ability to quickly and credibly generate politically usable information and move it to where it will have the most impact;
2. *symbolic politics*, or the ability to call upon symbols, actions, or stories that make sense of a situation for an audience that is frequently far away;
3. *leverage politics*, or the ability to call upon powerful actors to affect a situation where weaker members of a network are unlikely to have influence; and
4. *accountability politics*, or the effort to hold powerful actors to their previously stated policies and principles

I posit that NGOs are most successful in influencing state policy and behavior when these tactics are effectively engaged. In turn, the ability for NGOs to execute these tactics depends both on the political contexts of the state and on the characteristics of the NGOs themselves. Given the inability of NGOs to change the ineffective South African response to AIDS, I first examine how the political nature of the state influenced this outcome.

### What prevented NGO-state cooperation?

In a previous section, I discussed the high level of NGO participation in the initial stages of policy formation immediately prior to and following the transfer of power from apartheid regime to democracy. While the inadequacies of the state highlighted a need for NGO involvement, the opposite occurred: despite their presence within the South African AIDS landscape, NGOs saw a marked drop in their level of influence. This effect was a function of the government shifting away from consultative and participatory policy-making and implementation. [5] Beginning in the mid-1990s, there was little discussion and contact with non-governmental actors regarding the implementation of AIDS policy, which in turn led to increased calls for political reform and greater accountability from the non-governmental community. In response, the government closed its doors even more; the AIDS Advisory Group, for example, was disbanded in 1997, after it had sharply criticized the government and adopted contrary policies. [5]

The creation of this hostile environment can be attributed to several factors, all of which suggest that the interests of the state were aligned against NGO involvement in the AIDS response. At the international level, South Africa's unique position in Africa



as one of the wealthier and most politically stable states may have induced pressure to act as a leader for the region. Such a shift may well have involved moving away from Western dependency, including in areas of financial, logistical, and practical support for the AIDS issue.

At the individual level, we see additional barriers to NGO activity. In particular, national leaders largely failed to promote, support, and sustain AIDS initiatives. Despite recent high-profile statements on HIV/AIDS, Nelson Mandela placed the AIDS issue relatively low on the political agenda when he led the ANC government. [2] His successor, Mbeki, has since engaged in counter-productive politics, including denial of the AIDS problem. Mbeki's policies have discouraged consultation with non-governmental groups, and often involve defensive rather than constructive reactions to criticism from these organizations. [2]

At the domestic level, the very nature of the ANC in South Africa inserted inherent contradictions into its relationship with NGOs. On the one hand, the struggle of the new government to gain power while exiled by the apartheid regime had facilitated an authoritarian, hierarchal and largely secretive leadership style. [5] Certain practices, including top-down organization and strong centralized coordination, asserted the primacy of the state over other potential actors. On the other hand, the incorporation of participatory democratic politics upon installation of the government required a decentralized and open style of leadership. [5] This internal dynamic was particularly stark as the post-apartheid government faced challenges of implementing a national AIDS strategy while being itself consumed by the challenges of ensuring political stability. In such a time of vulnerability, the political structure of interdependence relationships would have focused on those actors that could "set the rules of the game." [7] The protection of such a position vis-à-vis other actors would have been in the interests of the new government. Thus, as Boone and Batsell suggest, tensions between government and AIDS-NGOs may have arisen because NGOs were perceived as a potential threat to the government's right to control the political agenda. Additionally, as Lanegran and Hyden offer, NGOs may be less inclined to consider courses of action that are aligned with the political interest of the governing party; as a result, government officials want sole control over public exposure to the subject. [8]

From the perspective of the NGO community, conditions such as authoritarian practices, hierarchical structure, and secrecy made it difficult to

engage in information, symbolic, leverage, and accountability politics. Given these conditions, NGOs faced many challenges in their ability to influence the political climate. In 1995, for example, the Health Department signed a contract for 14 million Rand to commission *Sarafina II*, a musical meant to popularize HIV/AIDS prevention messages to South African youth. Without consulting a range of extra-governmental stakeholders, the government's own AIDS Advisory Committee, or provincial AIDS programs, the Health Department acted unilaterally in a secretive process. As a result, knowledge of the extensive size of the contract as well as irregularities in the underwriting was not exposed to the public until six months later. [3] While there was a public outcry, little change in government behavior resulted.

As Keck and Sikkink suggest, the ineffectiveness of NGO action could have been due to the inability of NGOs to uncover information in a reliable, well documented, and timely manner. [6] Both credibility and drama "seem to be essential components of a strategy aimed at persuading publics and policymakers to change their minds." [6] These strategies were made difficult by the context in which the government acted.

A second controversy that occurred in 1997 illustrates the difficulty of NGOs to engage in accountability politics when the state has a hierarchical structure and utilizes authoritarian practices. Faced by international pressure to address the AIDS crisis, the South African government publicly announced the development of an AIDS-treatment drug, *Viridene*, in a South African university. [3] Despite having been turned down by the university ethics board and the Medicines Control Council, the Minister of Health unilaterally endorsed the drug, causing a clamor for the drug by people with AIDS. Independent investigations subsequently found the drug to have been a toxic and unusable organic solvent. Rather than publicly admit fault, both the Minister of Health and the Deputy President NGOs accused the opposition, in particular the medical profession, of retarding access to life-saving therapies. [3] This political response contrasts those of many other governments, who may publicly change their positions on issues in order to avoid further embarrassment when NGOs attempt to reveal the distance between discourse and practice. [6]

As these examples show, the political environment in South Africa made it difficult for NGOs to execute specific tactics, and thus limited the ability of NGOs to effect change.

NGO characteristics affecting state-NGO rela-

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NGOs are unique organizational entities that are subject to the laws and rules of the state in which they reside. [1] Their effectiveness, then, ultimately depends on the actions and reactions of governments. Where government is unresponsive and even counter-productive, the capacity of NGOs to effect political change is reduced.

It is important to recognize that characteristics of NGOs themselves may limit their influence in state policy and behavior. Boone and Batsell argue that many of South Africa's NGOs emerged in defensive reaction to the state's failings, and thus tend to be small, localized, and dispersed. Many rely on funding from Western governments or foundations, which may force NGOs to compete amongst themselves for donors, or to become politically entangled by tying themselves to donors' agendas. Some political scientists propose that AIDS-NGOs may be typical of those civil society organizations that concentrate on local-level development projects and providing social services, with minimal capacities to engage in large-scale policy formulation and implementation. [3]

**What can global policy networks do?**

Despite the need for improved NGO-state relations in South Africa, then, elements of both the state and NGOs place limits on progress in the HIV/AIDS realm. In such a case, a new phenomenon in global public policy networks presents a likely solution. These networks differ from advocacy networks in that the primary actors are not necessarily NGOs. Rather, these networks involve expanded participation from governments, international governmental organizations (IGOs), corporations, professional groups, NGOs and other members of civil society. [1] Like other networks, however, this global structure stresses "fluid and open relations among committed and knowledgeable actors working in specialized issue areas." [6] Global networks "carry and re-frame ideas, insert them in policy debates, pressure for regime formation, and enforce existing international norms and rules, at the same time that they try to influence particular domestic political issues" [6] These dynamics, in turn, facilitate the sharing of values, norms, information, funds and services between participants [6].

Theories of international relations implicate several advantages of global policy networks that may lead to more effective responses to AIDS. In light of the arguments of this paper, these improvements

could be facilitated in two ways: by inducing the state to become more responsive to AIDS efforts, and by creating an environment in which NGOs are able to most successfully engage with the state. The expansion of participation in global policy networks to a wide range of actors introduces new incentives and pressures for interaction and thus makes these two effects more likely.

For example, IGOs play key roles in getting states to act, coordinating the efforts of different groups at multiple levels, providing the skills to secure cooperation, and surveying programs. [1] IGOs also foster international regimes. Applied to the AIDS issue, these networks of rules, norms, and procedures can affect the political bargaining and daily decision-making of states, serving to regularize behavior and control its effects. [7] In order for non-state actors to exercise influence over government positions, NGOs need access and recognition of their right to be consulted. [1] IGOs provide these conditions by giving NGOs access to an arena in which weaker actors can set the political agenda. NGOs can also leverage more powerful actors and therefore gain indirect influence on the policies and behaviors of states. As a result, IGOs may introduce political pressures or incentives for states and NGOs to cooperate in AIDS responses.

Similarly, the inclusion of other actors introduces new incentives and pressures that influence interactions between states and NGOs. The participation of multinational corporations, for example, creates incentives for state cooperation through foreign direct investment. The involvement of media corporations increases the information pathways of NGOs and facilitates information, symbolic, and accountability politics. Professional groups and academics allow both states and NGOs to take advantage of expertise with which to frame issues or propose solutions.

Within the AIDS arena, then, the relevant global public policy network is UNAIDS, created in 1996 to serve as the lead agency for global action. UNAIDS illustrates the importance of network approaches in its mission of partnerships with UN agencies, national governments, corporations, religious organizations, grassroots groups, and NGOs to "catalyze, strengthen, and orchestrate the unique expertise, resources, and networks of influence that each of these organizations offers." [9] UNAIDS coordinates the work of six United Nations agencies under a single strategic plan, at the same time working with health authorities and guiding NGO efforts to advocate AIDS prevention and education in every country. Additionally, UNAIDS acts as a broker to private industries; successes include reducing prices of female

condoms as well as the anti-HIV drug AZT for the developing world. [10] To date, this multi-faceted approach has led to the development and distribution of a series of best-practice manuals that provide detailed technical advice on issues concerning AIDS treatment and prevention. Every African country, including South Africa, has taken steps to strategically plan a concerted effort to address AIDS. [9]

In recent years, several positive developments have occurred in South Africa. In late 2003, for example, the South African government adopted an HIV and AIDS Care, Management, and Treatment

AIDS crisis. I explain this outcome by pinpointing the limitations of each, and also considering the challenges that arise when NGOs interact with states of certain characteristics. As a result, I propose that one could expect global policy networks to be effective in facilitating the conditions under which governments and NGOs interact, and thus affect AIDS policy and implementation. This claim is limited by the fact that academia has only fairly recently begun to examine AIDS as having political science implications. Nonetheless, the advantages of networking are expanded in the context of global policy networks,

**“South Africa illustrates a case in which both government and NGOs have been ineffective in responding to the AIDS crisis.”**

Plan, which includes the world's largest public sector antiretroviral provision program. [5] President Mbeki's damaging comments concerning the nature of AIDS have since been silenced. In addition, many community-based prevention programs led by NGOs—including LoveLife and SoulCity—have been recorded with great success. It is very likely that these developments have been influenced by a combination of state, NGO, and UNAIDS actors.

## Conclusions

Given that the South African government has become more responsive in recent years to the fight against AIDS, two issues remain unaddressed. First, the extent to which improved state responses to AIDS are due to cooperation with NGOs and the extent to which they are due to institutional changes within the state are difficult to ascertain. Measuring NGO effectiveness is difficult, requiring the linkage of NGO demands for new norms, plans of action, or treaties to changes in agendas to government action [1] Additionally, many other explanations may be associated with changes in policy or behavior, besides the ones considered in this paper. Second, the efforts of UNAIDS have coincided with progress in the South African AIDS landscape, but the role of such a network in actually facilitating necessary interactions between states, NGOs, and other actors is an area that still needs to be explored. In an interdependent world, it is increasingly difficult to distinguish the roles of one actor from the effects of another.

It can be concluded, however, that South Africa illustrates a case in which both government and NGOs have been ineffective in responding to the

because the variability in the numbers and types of participants allows the creation of multilevel linkages between different organizations. While these participants each retain their own separate organizational character and memberships, their linkage enhances various incentives and pressures that facilitate and encourage cooperation. [1] The growing numbers of these and similar networks may reflect a path towards effective global governance in a wide range of issue areas. As a global policy network, then, UNAIDS has hope of success where past NGO and government efforts have failed.

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