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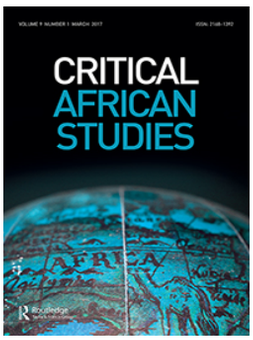

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LGBT rights in a *Republic of Therapy*. HIV/AIDS policies and the redefinition of citizenship in Cameroon

Les droits LGBT dans une *République de thérapie*. Politiques en matière de VIH/SIDA et redéfinition de la citoyenneté au Cameroun

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The links between the fight against HIV/AIDS, and lesbian, gay, bisexual and transgender (LGBT) mobilizations around the world have been extensively demonstrated. However, there are few empirical studies on the effects of new strategies based on access to treatments for homosexuals in Africa, especially in countries where same-sex relationships are punishable by law. In discussing the relationship between HIV/AIDS policies and the formal recognition and inclusion of homosexuals, we ask if it is possible to speak of a therapeutic citizenship. From a sociological and legal perspective, what is important is how the recent global strategies and human rights discourses on HIV/AIDs are impacting the emergence of engaged social actors whose claims go well beyond access to treatments but challenge the Cameroonian legal and health systems. However, LGBT rights advocates' claim for full citizenship through participatory inclusion in public life may not turn out to be successful as it encloses their rights within a pathologized identity, the HIV epidemic. This paper also raises a crucial issue (citizenship) associated with the politics of homosexuality in Africa and offers an empirical dimension on how global health and human rights discourses affect the relationship between State and society in Cameroon.

Keywords: HIV/AIDS; therapeutic citizenship; state building; homosexuality; human rights; Cameroon

Les liens entre la lutte contre le VIH/SIDA et les mobilisations LGBT dans le monde entier ont été largement démontrés. Cependant, il existe quelques études empiriques relatives aux effets de nouvelles stratégies fondées sur l'accès aux traitements pour les homosexuels en Afrique, en particulier dans des pays où les relations entre partenaires de même sexe sont sanctionnées par la loi. Discuter de la relation entre les politiques en matière d'VIH/SIDA et la reconnaissance et l'inclusion formelle des homosexuels, est l'occasion de nous demander s'il est possible de parler d'une citoyenneté thérapeutique. D'un point de vue sociologique et juridique, ce qui importante est la façon dont les stratégies mondiales récentes et les discours sur les Droits de l'homme sur les VIH/SIDA ont un impact sur l'émergence d'acteurs sociaux engagés dont les revendications dépassent largement l'accès aux traitements et questionnent les systèmes juridiques et de santé du Cameroun. Cependant, la prétention des défenseurs des droits des LGBT revendiquant une citoyenneté complète à travers une inclusion participative dans la vie publique pourrait ne pas réussir puisque cela enferme leurs droits dans une identité pathologisée, l'épidémie de VIH. Cet article soulève aussi une question essentielle

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(citoyenneté) associée aux politiques relatives à l'homosexualité en Afrique et présente une dimension empirique sur la façon dont les discours mondiaux sur la santé et les droits de l'homme affectent la relation entre l'Etat et la société au Cameroun.

Mots-clés: VIH/SIDA; Citoyenneté thérapeutique; Construction de l'Etat; Homosexualité; Droits de l'homme; Cameroun

Introduction

Our starting point is the observation of a relatively dynamic community considered as key actors in the fight against HIV/AIDS, even though members of that community are politically and socially disqualified. While Cameroonian laws currently deny full citizenship to homosexuals, at the same time the Cameroonian state recognizes the presence and rights of lesbian, gay, bisexual and transgender (LGBT) groups through the programmes implemented by the Ministry of Health. Homosexual mobilizations in Cameroon can be read through the lens of new strategies in the fight against HIV/AIDS introduced by universal access to antiretroviral treatments (ARVs). In spite of a strongly repressive context, which includes punishable prison sentences of up to five years for anyone guilty of homosexual relations (art. 347 bis Penal code), there is an emerging local network working with men who have sex with other men (MSM), and women who have sex with other women (WSW). These associations advocate for equal access to care and treatments for all, and more broadly for the recognition of LGBT rights. Their participation in the Country Coordination Mechanisms, which is a multi-stakeholder partnership central to the Global Fund (GF)[1] commitment, constitutes a form of social and political inclusion for marginalized and discriminated populations. This social and political inclusion enables them to participate in public affairs, despite the fact that their sexual orientation is formally forbidden by the law. A commonly shared conception of citizenship is the right to (political) participation because it allows citizens to influence their governments to recognize and respect other rights (Halisi, Kaiser, and Ndegwa 1998; Von Lieres 2007).

Supported by strong evidence of efficacy of HIV treatment as prevention, experts, advocates and donors believe that the provision of ARVs may be one of the most important strategies to end the HIV epidemic. This view not only provides a powerful reason to expand access to treatment, but it also reinforces a moral ideology (of what is good or not, what should be done and how) which places the medical expertise, specifically medicine and drugs, as solutions to individual and collective needs (Gori, José, and Volgo 2005; Musso and Nguyen 2013). Universal access to treatments is a very important start and represents a crucial change toward new rights in the context of AIDS. The GF, for example, one of the first investors in HIV/AIDS policies in Cameroon, demands a meaningful participation of people most concerned by the epidemic in the National Strategic Plan discussions at country level. The new funding model invites stakeholders to engage in inclusive country dialogue and agree on funding splits. MSM are considered as a key population[2] and, as such, are included in the national dialogue. However, is this opening sufficient to speak about citizenship? Can we talk about 'therapeutic citizenship' (Nguyen et al. 2007) regarding MSM because the discourse of empowerment is transcribed through their rights to access HIV/AIDS policy benefits? Indeed, with universal access to ARVs, MSM and advocates for LGBT rights are developing an ability to harness social and political resources. In the homophobic context of Cameroon, the following questions arise: is the (therapeutic) citizenship recognized here a formal and sustainable citizenship? Up to what point does the struggle over inclusiveness and recognition of specific rights for LGBT and particularly for MSM influence the relationship between the State and Society in Cameroon?

This article is part of a broader research programme covering the mutations of citizenship generated by the widening of the biopolitic[3] and the extension of medical responses to social or natural phenomena. My aim is to show the extent to which new global and financial strategies

to fight HIV/AIDS (that is treatment as prevention, community participation, key population) influence the way in which citizenship is negotiated on the level of the State.[4] The arguments in this paper are based on my PhD thesis (Kojoué 2013), seven months of fieldwork conducted between October 2014 and April 2015 on the subject of access to treatments for MSM in Cameroon. Information has been obtained through a documentary analysis and a series of interviews with HIV/AIDS policy makers and LGBT activists in Cameroon, precisely in the major cities Yaounde and Douala.

Understanding citizenship in the context of AIDS

Political science or legal approaches to citizenship link it to a formal status with regard to the State. The challenge is thus to study the conditions and criteria of access to citizenship, as well as the contents of the rights and obligations attached to it. Yves Deloye identifies citizenship as a social status (membership) defined on a legal basis. This social status confers a set of rights to individuals recognized as members of the community. Additionally, Deloye explains citizenship as a set of formal and informal duties, which generally require individuals to take part in the affairs of the city and play an active role in the public affairs of the political entity (State-Nation) of which they are members (Leca 1991; Deloye 2000). Discussion on citizenship here focuses on access to specific predefined rights, although claims for recognition and inclusion can refer to a new set of rights. The traditional and dominant model of citizenship based on the work of Marshall (1950) and well developed by Richardson (1998) defined citizenship in terms of three set of rights: civil or legal rights, political rights and social rights. Civil or legal rights include freedom of speech, thought and faith, liberty and security, and the right to justice. Political rights include the right to vote and participate in the exercise of political power as a leader or within political authorities. Among social rights we find the right to a certain level of economic welfare and security, as well as the right to live a decent life according to the living standards of the society. 'These rights are formally institutionalised in the welfare State, for example, unemployment benefits, and provision for health and education' (Richardson 1998, 85).

From an anthropological and sociological perspective, the definition and values of citizenship vary from one society to another. What is important are the narratives of citizenship, processes and practices[5] regarding citizenship, rather than the a priori of a closed box whose standards and variations should be measured. This approach insists on examining ways in which institutions and citizens build themselves the social representations of rights, as well as the legitimacy of individuals to have access to these rights and to use them (Neveu 2004, 2005). Citizenship is thus a plural concept, which refers to a dynamic reality sometimes in relation with the State, sometimes in relation with a group, a territory, an idea, etc. The diverse forms of citizenship and its multiple meanings (ecological citizenship, biological citizenship, sexual citizenship, digital citizenship, etc.[6]) are testament to its mutations and flexibility (Ong 2006). The concept embraces so many issues associated with political and social identity (Halisi, Kaiser, and Ndegwa 1998).

However, whether it is a normative or pragmatic approach, the history of citizenship in Europe, from where it spread,[7] remains almost exclusively the history of access to rights, a struggle over inclusiveness and recognition. A citizen can be defined as a member of an organized political community (the State or otherwise) in which individuals transfer their sovereignty and in return have access to a set of rights. Research on biological citizenship or therapeutic citizenship is based on this representation. Biological or therapeutic citizenship is a social and political status that results from political claims based on a fundamental criterion: the biological condition, or a body (individual or collective) which requires care (medical, social, political, etc.). Adrianna Petryna, for example, shows how victims of the Chernobyl disaster in Ukraine have managed

to claim and gain particular medical aid and social justice. That is a biological view of citizenship which enables us to distinguish between those entitled, or those who have the rights in that specific context, and others. Thereby, it is possible to dissociate a status which previously depended only on membership of a Nation-State (Petryna 2002).

Vinh-Kim Nguyen describes therapeutic citizenship as a set of individual and collective discourses and representations combining biomedical care rights to social and political claims (Nguyen 2005; Nguyen et al. 2007). While analysing the Ivorian context, he used the concept of therapeutic citizenship to show how people living with HIV/AIDS (PLWA) built their claims to ARVs around a set of rights and responsibilities from the State. They also used these claims to negotiate a specific status and improve their immediate conditions beyond access to treatments. That is why they are included at different levels of policies, from the political decisions to local activities, even in the hospitals.[8] Indeed, the social and political management created by the arrival of treatments has grown to an exceptional scale to the degree that some have criticized it as an 'HIV/AIDS emerging market' (Delaunay, Blibolo, and Cissé-Wone 1999) and a 'government by exception' by which non-governmental organizations, American universities and European hospitals directly govern the lives of populations. The 'government by exception' is a new type of legitimate and therapeutic domination that results from mass HIV treatment programmes in Africa (Nguyen 2010). Given the lack of medicines for the number of PLWA in need of treatments, individual and collective strategies emerged to ensure access to treatment. Among these strategies, we find the rite of public testimony of one's medical status, yet taboos around HIV were (and still are) extremely strong. Vinh-Kim Nguyen also explains that adherence to treatment was used by PLWA to claim specific resources and benefits from national and international authorities.

Inspired by Petryna and Nguyen's research, Fabian Cataldo shows how the social and political inclusion of favela residents through the Brazilian support programme for PLWA redefines the contours of citizenship. Favela residents feel like second-class citizens because they are marginalized. They face systematic discrimination on the basis of where they live (dangerous neighbourhoods, poor level of education, drug trafficking, prostitution, etc.). With the National Support Program for access to HIV/AIDS treatments, PLWA in the favelas have better and equal access to health facilities. They know where to find assistance for every issue regarding their health and their social condition. With the support of local community organizations/centres who organize training activities and workshops, they feel that they are part of Brazilian society. With these new socialization spaces, favela residents are more attentive to government policies and are as quick to claim the rights they deserve other Brazilian citizens (Cataldo 2008).

Even earlier than Nguyen (2005, 2007), Cataldo (2008), or Rose and Novas (2005), Fassin (2001) explained how the biological condition influences political decisions. Indeed, the French government has recognized a legal status for immigrants who are HIV-infected on behalf of the right to health, regardless of their nationality. This was in a context where treatments were not available in countries with poor resources, and when returning irregular migrants to their country was considered a death sentence. The suffering body of the immigrant, and specifically his or her biological status, was the reason why rights were granted. However, Fassin emphasized that the recognition of a biological condition does not itself constitute a human right and a political issue. It is necessary that people mobilize to give a social and political existence to the biological condition and make it a problem requiring the State's intervention. It is in this perspective that we can understand the dynamics between access to HIV/AIDS treatments for MSM and the recognition of LGBT rights in Cameroon.

Homosexuality and (therapeutic) citizenship in Cameroon

In this paper, rather than providing a critique on the various models of citizenship that have been developed, the preferred focus is on the perspective of social actors, that means, on homosexuals themselves and their lived realities in relation to citizenship. We understand citizenship not only in the normative or legal approach as a set of legal and civic rights, political rights and social rights, but also in a more sociological focus, that is as a set of representations, practices and discourses which define social membership in a particular shared political community. Although homosexuals in Cameroon are not denied their membership as Cameroonian (they can have a national ID, a passport, a birth certificate, they can go to school, to the hospitals, etc.), their ability to exercise some of their rights is limited by the law and the social stigma and discrimination deriving from it. For example, they are denied the right to fair treatment on the basis of their sexuality. In 2014, Cameroon was reported to have the highest number of persons imprisoned for having consensual sex with same-sex partners (L'observatoire 2015). Their civil rights, in this case the right for justice, are therefore compromised. They face serious violent aggression and harassment, which they cannot report to the police because of fear of being arrested. When they are sick, they are very reluctant to visit hospitals because they fear stigmatization and being reported to the police. Health messages do not target them because their sexuality is illegal, and this has led to a high level of risk of being infected by HIV and sexually transmitted infections (STIs), of developing AIDS because of lack of treatment, and of being a driver of the virus if not treated or followed up (Niang et al. 2003; Broqua 2008; Enel et al. 2009; Henry et al. 2010; Wade et al. 2010). On the political side, the knowledge that someone might be homosexual is a powerful disqualifier. Although homosexuals can vote, being part of a political party is a challenge. Civil society organizations are reluctant to help their cause and they do not want to be seen to be associated with homosexuality. How can someone be a full citizen if protection associated with political membership is not guaranteed and even denied? Here is how therapeutic citizenship appears useful in an effort to better understand the relationship between the State and sexual identities in Cameroon.

The relationship between the biological condition and citizenship may not be as clear as it is in Nguyen, Petryna, Cataldo or Fassin's work as homosexuals are not necessarily people infected by HIV. However, they are considered at high risk of infection because of their social and political environment. Policies target them as a key population and as such, among national priorities in the fight against HIV/AIDS. We may not speak strictly of biological citizenship, but because what is at stake is access to prevention programmes, treatments and healthcare, and the power of life as a value, we can connect politically the biological condition to the political body. As with Foucault's concept of biopower, regarding the power to decide who should live, that is numerous and diverse techniques for achieving the subjugation of bodies and the social control of populations (Chebili 2009), decisions in public health are political decisions on who should live. Therefore guaranteeing and protecting healthcare for MSM can allow us to link homosexuality with therapeutic citizenship.

International organizations play a major role in this power over life by strengthening community mobilizations. They disseminate a large number of ideological, social and political values through their support programmes. Above all, they have financial means to support community mobilizations. In the global response to the HIV epidemic, international recommendations change constantly. Funders' requirements are increasingly connected to issues of good governance, participatory decisions and respect for human rights. The urgent need to make drugs available to poor countries arose as a major challenge with the discovery of the efficacy of ARVs in 1996. Without the growing and strong pressure from civil society organizations (like the South African movement 'Treatment Action Campaign') and the increasing commitment of political

authorities worldwide, the universal access to ARVs would have been much slower. The arrival of ARV treatments, the exceptional global mobilization and the industry linked to it has thus encouraged the emergence of a new generation of activists in Africa, among which we can see organizations targeting MSM and finally defending their rights. Before the high degree of interest caused by access to HIV treatments, LGBT organizations in Cameroon were virtually non-existent (Eboko and Awondo 2013).

Nguyen (2010) believes international programmes and procedures put in place to manage HIV treatments, but especially the power relationships between government and donors, activists, and the pharmaceutical industry, all contribute to a political project called the *Republic of Therapy*. Nevertheless, to insist on taking into account the administrative character of HIV treatments before the biological counterpart (therapeutic), Nguyen suggests the term *Treatment Republic* (Nguyen 2012). Echoing his analysis, I would define the *Treatment Republic* as a form of administrative and political organization in which access to HIV treatments justifies and legitimizes all actors involved in their distribution and their universalization. The *Treatment Republic* has thus become an organized and integrative political community which offers marginalized social groups, such as MSM, an environment in which their physical and moral integrity is recognized and somehow protected. In this community, they have the right to speak, to participate in decision-making, and to choose their representatives through local and national elections. Through new strategies and new funding mechanisms that place community participation of key populations at the centre of political decisions concerning the fight against HIV/AIDS, homosexual mobilizations have grown in size and visibility (Guéboguo 2007; Broqua 2012). People who are usually excluded and whose voices are excluded in the public sphere because of social and political stigma, now have a space for legitimate expression of their collective experience. Fear of stigma from HIV policies becomes a secondary consideration compared to the potential benefits (medical, material, symbolic). In urban areas like Yaoundé, Douala or Limbé, most cofounders of LGBT associations are former peer educators or community workers trained by international NGOs for prevention and communication actions on HIV/AIDS and STIs.

Although not reducible to the HIV epidemic, awareness by MSM and homosexuals of the need to move from informal support networks to a formal and legal existence is linked to care and support for people infected and affected by HIV. In any of these associations, HIV/AIDS activities (prevention, psychosocial support, test screening, medical care assistance, etc.) overlook advocacy issues, even when advocacy is one of the initial objectives. An LGBT activist shows how their status as a citizen is fully recognized and respected within HIV/AIDS decision-making:

> The State needs us. It cannot do without us. When the State applies for funding with the Global Fund, which is the biggest donor, it must demonstrate that key populations have been involved in the decision-making. We work together. We see each other in meetings, we talk about our problems, we feel listened to (…). The difficulty is that the Ministry of Health is not the Ministry of Justice. Much is still to be done.[9]

Indeed, in addition to having a voice at the Country Coordination Mechanism in charge of writing and validating strategic programmes at the national level, LGBT activists are drawn into the discussion of important proposals and actions that aim to break down the barriers that restrain the exercise of citizenship, such as lack of capacity, isolation and exclusion. For LGBT activists represented there, the goal is to raise consciousness of the quotidian discriminations and injustices that they face, and try to change the views on harmful discourses and conducts by drawing attention to the consequences, on the HIV epidemic and beyond.

Using the resources mobilized from their participation in the fight against HIV/AIDS, many LGBT associations are empowered to organize independent information and training sessions on

prevention of HIV and other STIs. MSM can have access to free prevention material (such as condoms, lubricants), screening tests, as well as social, moral and psychological assistance, whether they are HIV positive or not. LGBT associations even offer non-wage benefits like supplementary health, dental, gynaecological, drug prescription and legal assistance. Through the collective work of LGBT associations, medical staff in some public and in private health structures are trained in the specificities of same-sex sexual intercourse. MSM can now have access to health facilities. Following the initial consultations, they can be followed in their treatments without being under threat of discriminatory and insulting treatment from medical staff. This follow-up is provided through community meetings and individual consultations, and extended to home visits when needed. From a social perspective, MSM benefit from professional job training, financial support for income-generating activities, as well as subsequent legal aid. The more they are involved in community activities, (or simply seen on a regular basis), the more they have access to legal advisers. Information sessions and training courses on human rights are also organized regularly. These courses allow them to learn more about their rights, and how to act in specific dangerous situations with police, family, employers, etc. An activist explains: 'With the training sessions, we have everything we need to be able to express ourselves, to argue, defend our rights and protect ourselves against attacks'.[10] Whilst nobody dared to complain before, legal assistance received by MSM gives them the courage to fight back legally, to report the violence they experience and to find a form of protection within the legal system.[11] As was the case with favela residents described by Cataldo, or the pursuit of 'good life' for women attending a citizenship course held by a lesbian rights organisation in Campinas, Brazil (Castle 2008), a sense of belonging emerges as a result of social inclusion and the recognition of the social role played by LGBT associations.

The inclusion of key populations in the decision-making process to fight HIV/AIDS has improved access to health and some public services for homosexuals. In Douala and Yaoundé, for example, before 2006 there was almost no official medical centre able to offer medical services to MSM. This was an exclusivity of an international NGO, such as IPPF or CAMNAFAW. Actually, community centres targeting MSM exclusively, such as Alternatives Cameroon (in Douala) through their Centre called ACCESS, or Humanity First (Yaoundé), are now able to offer medical and specialized consultations (generalist, gynaecologist, dermatologist, nutritionist, etc.) on a regular basis. Their prescriptions can be used in public hospitals, and some of their patients have access to social services. They are sub-recipients of the GF grant, a decision taken collectively in the CCM.

Including this key population in the decision-making process has also opened a safe space for a relatively peaceful discussion about same-sex relationships, the legal environment and its consequences for public health. Through the HIV and AIDS platforms, LGBT activists make sure their rights are not compromised. They raise their voices to demand the decriminalization of homosexuality, more social justice and respect for international conventions signed by the State. This observation must, however, be more cautious. New strategies to fight against HIV/AIDS as part of other global health policies both carry and promote a substantial worldview that is in conflict with a strong set of cultural, moral and legal values in Cameroon. The overflow of the therapeutic citizenship of homosexuals in the public space provokes and strengthens violent and anti-colonial reactions concerning same-sex relationships (Table 1).

Beyond anti-colonial claims, public health and human rights issues: the State and its (non) transformations

The political environment and the relationship between the State and its population far from guarantee the exercise of equal citizenship to all Cameroonians. Indeed, the acceptance of some civil

Table 1. How therapeutic citizenship works for homosexuals in Cameroon.

	Country coordination mechanism	Civil society organizations	Public authorities	Media	MSM and other LGBT
Observed effects	- Participatory process within which MSM have their representatives. - Discussions are not about the legitimacy of same-sex partnership but on strategies to improve the fight against HIV/AIDS	- Discuss about the legitimacy of LGBT claims (as other issues regarding HIV/AIDS) in objective terms and respectfully	Informal recognition of the existence and the needs of MSM. The recognition of the right to health for everybody regardless of sexual orientation	They are included and trained for a fair medical information, in a way that does not stigmatized MSM	- The feeling of inclusion - Access to decision-making process - Access to health facilities - Other material and symbolic benefits - Increasing of political awareness and mobilization
Potential effects	Key figures of civil societies are part of the debate. LGBT activists can raise consciousness about their lived realities and change the views of a larger public.	Discussions end with compromises Stand for CCM technical and political orientations Alliances can be build wih other issues affecting Cameroonian citizens	Extension of the right to health to other rights: right to be protected, right to justice, right to private life (Although this stands only for the Ministry of public health)	Non MSM activists or those living far from urban cities, and even the general population are aware of all health informations and medical solutions offered by National policies.	- Constitution of a strong network at local and national level to reinforce security, access to health and justice - Closely involved in other civic advocacies where their claims can easily fit (gender issues, employment, etc.)

society organizations to defend gay-rights while the penal code punishes same-sex relations makes the public space for the fight against HIV/AIDS a controlled and limited space. As Pommerolle (2008) indicates, concerning the political space in Cameroon, if the participation channels are open, the selection of those who may be consulted or effectively participate remains in the hands of authorities. The HIV/AIDS political space (*The Republic of Therapy*) is the only regulatory framework where LGBT people can exercise their citizenship, or more specifically, where they have legal and political recognition. They can organize themselves into an official and legal entity (civil rights) and they can participate in public affairs (a political component of citizenship). However, talking about citizenship only in terms of biological and medical needs is not enough; they must have the capacities and means to freely enjoy this recognition on a larger scale (economic, social, political). De facto, therapeutic citizenship appears fragile, contingent and temporary. It places the burden of social and political transformations, which are vital conditions to free and protected expression of rights, on the policies used in the fight against HIV/AIDS; that is, on a technical, comprehensive and epidemiological framework. As in many countries with limited resources, the legitimacy of public health in the social and political space is too weak (Gruénais et al. 1999; Eboko 2004). This considerably limits the scope of LGBT inclusion in the political environment. As an activist said, 'the Ministry of Public health is not the Ministry of Justice not to mention the national assembly where laws are voted'. This implies that there is another citizenship to conquer, a citizenship that would not be limited to HIV/AIDS opportunities. The challenge here is thus to go beyond the medical and epidemiological approach, and it is here that the situation gets complicated.

LGBT movements fail to emancipate themselves from an epidemiological framework because the political and social environment in Cameroon is strongly opposed to any kind of acceptance of same-sex relationships, and on a wider level, of many forms of political emancipation. The public contestation of the State and the legitimacy of its power are dangerous activities, despite a gradual opening of the public space since the years 1990 (Bigombé Logo and Menthong 1996; Sindjoun and Courade 1996). Structural barriers and socio-cultural resistance stifle most efforts for emancipation. In the case of LGBT organizations, it is especially expressed by objections to financial assistance granted by foreign partners, prohibition, cancellation or suspension of meetings, hostile public statements through the media (newspaper, radio, TV), opposition or blocking of legalization procedures, etc. Same-sex relationships between men are ingrained in the collective psyche of Cameroonians as part of colonial practices. They are symbols of mystical and shameful behaviour between political leaders and the former colonial power within which national leaders were forced by colonial masters to have sex. Such practice was aimed at making clear who was the headman (Awondo 2010). These formalities are also suspected of being perpetuated by national political leaders as they maintain the power of the ruling class, while the population live in extreme poverty. The popular belief is that elites and leaders are responsible for spreading homosexuality because they owe their position to same-sex practices inherited from colonial practices. Similarly, according to Lado (2011), public opinion is very hostile to any form of politicization of gay-rights because they see it as another form of western propaganda and intrusion into their internal affairs. Same-sex relationships between men or between women are associated with the corrupted nature of political leaders, moral depravity, cultural imperialism and un-African behaviours.

It is important to notice and to emphasize that there is an emerging form of relationship between the State and society in Cameroon. Anti-gay discourses are highly publicized and penetrate all public and private spaces, giving the impression of a united voice, a tight coalition between the State, its institutions, and society. This comfort zone or reconciliatory space generates unexpected profits and benefits for many political leaders. The more they condemn gay-rights and western values, the more they are applauded and complimented for their courage and their morality (Nyeck and Epprecht 2013). That makes sense, knowing that failure to condemn such

practices exposes them to disgrace and popular anger. This point of convergence is difficult to reach on other social questions, such as early marriages, gender based violence, child labour or polygamy. The consensus is realized through the lens of a fight for true independence and national sovereignty, against the perceived hegemony of Western values. Behind this common hostility or apparent coalition emerges a new reconfiguration of expectations. With the LGBT issue, most political leaders, including the opposition, feel accountable towards the populations for which they are responsible. Yet, accountability is not the first quality of elected officials in most Sub-Saharan African countries. It has been well documented in authoritarian regimes, as is the case in Cameroon, that government responsiveness occurs only before upcoming national elections (Sindjoun 2002; Khouma 2009; Bellina et al. 2010). Yet, with the perception that homosexuality is a threat to the Nation-State and relentlessness media coverage, political leaders want to reassure the population that they are good leaders and they will not let that kind of behaviours flourish in the country. However, these reconfigurations (accountability and responsiveness) do not call into question routine strategies of control and de-politicization. Collective action, if not aimed at thanking the President, is rarely authorized. Protest marches intended to challenge the government and its politics are exceptional. Control, de-politicization and repression are three familiar procedures which confirm the 'hegemonic stability of an authoritarian State' (Sindjoun 1996). They also show how an uncontested system of domination readjusts itself (Otayek 1997; Médard 2000; Enguéléguélé 2008; Bayart 2009).

In the case of de-politicization, political authorities in charge of public health issues are conscious and well aware of the importance of focusing efforts on key populations, including homosexuals. Given the significant amount of funding committed to HIV/AIDS policies (specially access to treatment), the participation of key populations in decision-making procedures is not only a condition imposed by international donors agencies, but also a guarantee of credibility of the health system. Awarding a voice to the LGBT communities in the fight against HIV/AIDS is part of a specific intervention model commonly shared by States with limited resources and that are strongly extroverted[12]. Indeed, that is what Beatrice Hibou (1999a, 1999b) refers to as *indirect private governance* or *the discharge*. This intervention model is channelled through intermediaries (community based organizations, NGO, Foreign partners) to ensure public services, instead of the State doing it by itself. Depoliticizing the fight against HIV/AIDS and its issues is also a way to avoid the risk of dispossession, loss of control and thus loss of resources. The GF to fight AIDS, tuberculosis and malaria is the most important funding source for public health in Cameroon. On issues such as vaccination, malaria or HIV/AIDS, the State contribution is more than six times lower than the GF (GTC-CNLS 2012). Given the unpopularity of gay-rights issues, it is important to keep it only within the health framework, and not within the frame of social justice or political rights. Letting the therapeutic citizenship spill over to the public health environment and into political space exposes political leaders to risks of misappropriation (Kojoué 2013).

With regard to control, access to the public sphere (referenced here in the sense of Habermas (2004) as a space of tension and mediation between the State and society) is strictly restrained by State power. Despite the opening of public places dedicated to debate and political activities since 1990 (Law of 19 December on freedom of association and freedom of communication, revised in 1996 and in 1999), leeway for political movements remains closely subordinated to the political order, who have difficulties in accepting protest and criticism (especially expressed collectively and in public). The State strengthens itself by imposing control over civil society. In Cameroon most civil society organizations' engagement with the State takes places within a very restricted field of opportunities available in the public sphere, confirming analysis that the public sphere in African societies is fragile and extremely shifting (Bidima 2000; Abé 2006).

Furthermore, local associations that promote human rights and gay-rights lack financial autonomy. This weakness limits most of their activities in the short term and direct and practical activities, such as HIV/AIDS prevention campaigns, psychological and social supports, end up confining the associations to marginal political roles in the public sphere. HIV/AIDS policies paradoxically neutralize political claims and, in fact, reinforce the dominant position of the State and its restrictive laws. In addition to the political environment and the lack of funding, gay-rights associations also have some gaps in skills and capacity building, as was the case of several local associations at the beginning of the year 2000 (Eboko and Mandjem 2011). Beyond these weaknesses, the main problem is that they are forced to operate in a country where the leadership is an authoritarian one. As is the case with other political or civil society movements wishing to oppose the political power and persuade the state to respect national and international laws and conventions, the State reaction can have serious consequences: arrests, office closure, fines and penalties.

Some activists argue that

> 'opposing the State is useless. All it does is expose us'; 'People are aware of its strike capabilities. The State is everywhere. And with the social, cultural and religious context, it is better to use soft methods instead of debating politically';

And again:

> Civil society activists have not yet realized their strength. They are afraid of the consequences. Each hangs on to their little piece of bread. This is not how things can change.[13]

Studies show that democratization provides the disenfranchised with especially auspicious conditions for making their case for citizenship (Rhodes and Harutyunyan 2010). A non-competitive regime, such as is the case in Cameroon, may be the main reason why same-sex relationships are constricted to health framework. Without the transformation of the State, therapeutic citizenship will remain a substitute citizenship.

Conclusion

LGBT participation in health-related political decisions (HIV/AIDS, tuberculosis and malaria) shows a window of opportunity for homosexuals in Cameroon. The right to participate, to choose, to vote in the *Republic of Treatment*, coupled with access to support and care is what Vinh-Kim Nguyen defined as therapeutic citizenship. This particular citizenship does not always intersect with the State. It can refer to participatory inclusion and capacities to become engaged social actors. Within therapeutic citizenship we have shown that the social and State-level exclusion that homosexuals face is challenged through HIV/AIDS policies where they are recognized, entitled and their voice heard. Yet, nothing is won. Restrictions that social and political context pose for LGBT actors, despite the incentive actions of international partners and human rights defenders, point to two majors findings: the central character of the State and its way of intervening, and the weakness of therapeutic citizenship in Cameroon. If socially engaged LGBT actors emerge and are protected, officially securing their rights puts them in position in which they will be subjected to more violations of their fundamental rights. Control, depoliticization and repression are still strong, despite an apparent opening of the public sphere and participatory governance. Engaging with broader social issues above HIV/AIDS policies and sexual identity can result in progressive ways to challenge the political power and its legitimacy.

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Notes

1. The GF is a partnership organization designed to accelerate the end of AIDS, tuberculosis and malaria. More than 70% of national needs is covered by the GF (GTC-CNLS 2012). Country Coordinating Mechanisms (CCM) are central to the GF's commitment to local ownership and participatory decision-making. These country-level multi-stakeholder partnerships develop and submit grant proposals to the GF based on priority needs at the national level. After grant approval, they oversee progress during implementation. CCM include representatives from both the public and private sectors, including governments, multilateral or bilateral agencies, non-governmental organizations, academic institutions, private businesses and people living with the diseases. For each grant, the CCM nominates one or more public or private organizations to serve as Principal Recipients.
2. Key populations at risk for HIV have the highest risk of contracting and transmitting HIV. They also have the least access to prevention, care and treatment services because their behaviours are often stigmatized and even criminalized, as is the case of MSM, sex workers and injecting drug users.
3. Biopolitic is 'a power that has taken control of both the body and life or that has, if you like, taken control of life in general – with the body as one pole and the population as the other'. Foucault (1976, 252–253) cited by Laura Garrison, https://anthrobiopolitics.wordpress.com/2013/01/21/biopolitics-an-overview/.
4. Rather than the local level. This is because of a formal political inclusion in State-action policies.
5. The term Practice (s) is understood here as a set of actions, attitudes, procedures, behaviours or conducts in relation to others or to a specific situation.
6. Each of these are specific claims regarding the environment or non-human natural world (ecological citizenship), the biological condition (for example for people who are sick or at risk), the sexuality (where same-sex couples are denied rights recognized to heterosexuals couples), or the use of technology to change the society (digital citizenship).
7. The concept citizenship has its roots in Antiquity. The word 'Citizen' comes from the Latin 'Civis', but the citizen status is an invention of Greek philosophy. It means those who have the right to participate in the conduct of public affairs.
8. PLWA emphasize more and more their lay expertise. Their actions within the health system have contributed to 'health democracy' (Kpoundia 2015).
9. Interview conducted via Skype, February 17, 2015.
10. Interview conducted via Skype, January 12, 2015.
11. The law currently does not provide them any protection. However most of them became aware of what to say, how to react, what to ask and who to call to in case of issues with the law. Sometimes, some are arrested without any warrant of arrest. Simply asking if there is any warrant arrest can stop abuse, or if not, it can be used later to object a procedural defect.
12. Following the work of Bayart on extraversion strategies (Bayart 1989), by extroverted State we want to highlight the significant imbalance between rich countries and poor countries in the process of globalization. These asymmetrical relations are due to unequal dependence on international assistance.
13. Interviews conducted via Skype between January 5 and March 15, 2015 with gay-rights activists in Cameroon.

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