



# **HIV/AIDS AND DEMOCRATIC GOVERNANCE IN AFRICA: ILLUSTRATING THE IMPACT ON ELECTORAL PROCESSES**

Preliminary results from: Namibia, Malawi, Senegal, South Africa,  
Tanzania and Zambia

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**The Governance and AIDS Programme, *Building AIDS Resilient Democratic Societies*.**

The *vision* of the Governance and AIDS Programme at Idasa (Idasa-GAP) is to *build AIDS-resilient democratic societies in Africa*. GAP's *mission* is centred on promoting *knowledgeable governance*<sup>2</sup> and developing *visionary leadership* and *citizen agency* to deal effectively with the pandemic.

The approach emphasizes a strong interaction between empirical research and policy actions based on communicative and collaborative citizen-state relationships. The idea of resilience conveys not only improved management of the pandemic by state institutions, but the existence of thriving democratic communities, able to confront the epidemic and its consequences with confidence, looking towards a more hopeful future. The vision captures GAP's belief that democratic governance, broadly understood and widely practiced, can create a culture of collaborative problem-solving involving state and non-state actors, leading to the unlocking of resources across communities to deal with HIV/AIDS and to promote development. It entails that stigma and discrimination is weeded out at all levels of society as citizens recognise each other's democratic role. It means that democratic institutions are strengthened as they take full account of the political and organisational implications of the epidemic and plan strategically to ensure their ongoing effectiveness and efficiency. Importantly, elected leaders and top officials in government at every level are seen to be actively involved in addressing HIV/AIDS, while acknowledging that they cannot fight the pandemic on their own, without the collaboration of citizens across the society, including people living with HIV/AIDS. In addition, that participation in leadership is not based on HIV status. Finally policies and development plans treat HIV/AIDS as a continuing priority, while also focusing on building democratic hope and empowering citizens to shape and create the society of the future.

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<sup>2</sup> *Knowledgeable Governance* is a concept arising from the policy sciences which denotes the *acquisition of facts* and *knowledge about problems* in order to formulate *solutions*. See Parsons W. (1995) *Public Policy: An Introduction to the Theory and Practice of Policy Analysis*. Cheltenham: Edward Edgar Publishing Ltd

## **The IMPACT OF HIV/AIDS ON ELECTORAL PROCESSES IN AFRICA**

### **Introduction**

The research presented in this paper responds to years of academic speculation and subsequent policy concerns about the possible collapse of Africa's democratic project under the complex waves of impacts introduced by the HIV/AIDS pandemic.

It is the result of three years of exploratory studies in seven countries: Botswana, Namibia, Malawi, Tanzania, South Africa, Senegal and Zambia. Anecdotes of Lesotho and Zimbabwe have also been highlighted. As all studies, this research has its limitations. To begin with:

1. Records on actual cause of death are not available due to confidentiality considerations. Researchers have to draw inferences by analysing trends and age cohorts and determine whether they fit the AIDS mortality profiles
2. Not all countries have institutionalised citizen and voter registration systems; in cases where these exist, they will not always be directly compatible. This renders it extremely laborious for authorities to capture deaths and purge dead electors from the voter rolls in time. Because of this, there is a high probability this investigation will not have unravelled the full extent to which voter registration systems have been compromised by AIDS, if at all.
3. As all exploratory research, the project provides answers and also generates a myriad of new questions. However, the limited resources available are not sufficient to investigate all perspectives that arise from this project

*The report therefore does not provide a comprehensive comparative picture but highlights the anecdotes that inform various aspects of the study at this point.*

### **Genesis**

The Institute for Democracy in South Africa's (IDASA's) Governance and AIDS Programme (GAP) holds the distinction of being the first research unit anywhere to establish the empirical link between HIV/AIDS and democratic governance, using the electoral process as an entry point. Based on its ground-breaking research, GAP has begun a process of developing strategic approaches for political leaders/policy-makers as a contribution to the effective management of the pandemic. There have been complementary contributions from three key donors to bring this project to fruition. The pilot study in Zambia of 2003 was funded by the Ford Foundation as part of a larger policy project. Subsequent research in South Africa undertaken in 2004/5 was supported by the Rockefeller Brothers Fund (RBF).

The current multi-country study involving six African countries: Botswana, Namibia, Malawi, Zambia, Tanzania, and Senegal is funded by the Swedish International Development Cooperation Agency (SIDA).

The multi-country studies are being undertaken with local partners; in this report the joint studies undertaken with the Center for Social Research (CSR) at the University of Malawi; the Namibia Institute for Democracy (NID); the Economic and Social Research Foundation in Tanzania (ESRF); the Foundation for Democratic Processes (FODEP) in Zambia and the Institute for Environmental Sciences at the University of Cheikh Anta Diop, Dakar, Senegal. In our South Africa study, we recognize the contribution of the Electoral Institute of Southern Africa (EISA).

The AIDS and Elections Project - one of four projects of IDASA-GAP - is an initiative that emerged from consultations with political agencies at the highest level. The Electoral Commissions Forum of SADC Countries (SADC-ECF) in

particular emphasized the importance of such research to mitigate post-election conflict. This emerged at IDASA-GAP's April 2003 Governance and AIDS Forum which was supported by SIDA, the European Union (EU) and the United Nations Development Programme (UNDP) (Ngwembe, in Chirambo & Caesar. 2003). The SADC-ECF is the association of all Electoral Management Bodies (EMBs) in Southern Africa. The Governance and AIDS Forum also involved senior representatives from UNDP and Joint United Nations Programme on HIV/AIDS (UNAIDS) country offices, the SADC Parliamentary Forum, the SADC Health Sector Coordinating Unit, civil society and donor agencies. The deputy president of South Africa officiated at the Forum. This publication presents the results of three principal research projects, all of them complementary and ground-breaking.

- The findings of the pilot project in Zambia (2003);
- The key findings of the South African study (2005);
- The preliminary findings of the multi-country study (2006).

### **Purpose and Methodology**

The purpose of the study is to establish the impact of HIV/AIDS on the electoral process using democratic governance as the analytical concept. The outcomes are shared with relevant state and non-state actors for capacity building and policy interventions.

The studies have been participatory, involving policy makers, civil society leaders, politicians, senior government officials, People Living with HIV/AIDS (PLWHAs) and care givers, experts from the United Nations agencies, AIDS councils and academia, as well as electoral commissions.

The research has been structured around a standard *methodology*: **Literature reviews** of authoritative journals and studies; **interviews** with political party leaders; electoral officials; parliamentarians; election-based bodies: **statistical analysis**; of epidemiological data, electoral data; and afro-barometer data: **Focus Group Discussions**: with PLWHAs and care givers: **stakeholder meetings** with cross sectional participation from state and non-state actors. Stakeholder meetings have been held at the beginning of the research process where methodologies have been discussed at national level and contributions made by other actors in this regard. These have been followed by post-research dissemination meetings with the same group of senior stakeholders where preliminary findings have been tested onward to the finalisation process. A number of dissemination/stakeholder meetings have also included official involvement from government ministers or speakers/deputy speakers of national parliaments, directors of electoral management bodies and presidents of leading political parties.

### **Back-ground: Will AIDS torpedo Democracy?**

There is no doubt that the HIV/AIDS epidemic in Southern Africa <sup>3</sup>poses enormous challenges to the emerging democracies in the region, given the limited resources available to fight it. Owing to this, for more than a decade some western and South African scholars have been inclined to illustrating apocalyptic scenarios for the future of democracy based on the supposed 'fragility' <sup>4</sup>of the African state (Youde;2001).

Part of the reason was that social scientists had identified three key pillars to sustaining and consolidating democracies. These pillars were: *strong political institutions, economics and a strong political culture*<sup>5</sup>. All the three pillars require a literate, productive, professional and experienced population to sustain. However, HIV/AIDS has been clearly decimating this very strategic group of people many of whom fall within the fated 15-49 age cohort which is considered highly vulnerable to the HI virus.<sup>5</sup> Given this theoretical perspective, a route to progress for Africa was difficult to imagine.

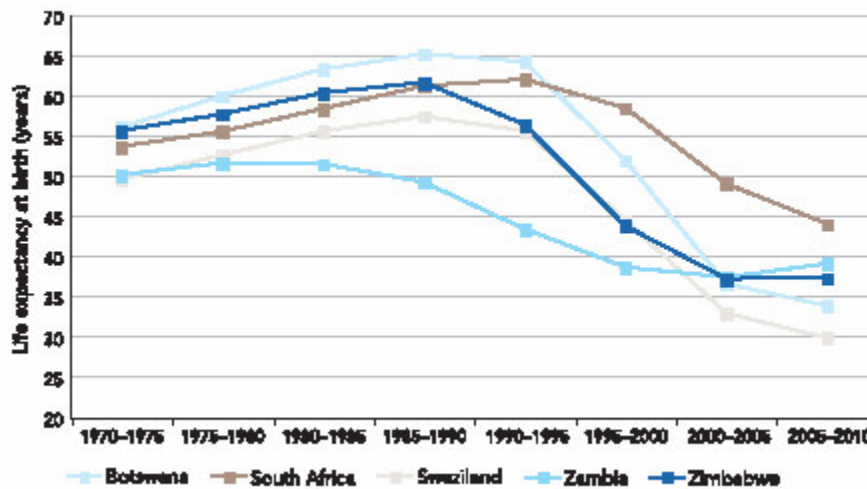
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<sup>3</sup> Southern Africa is defined by the fourteen member states of the Southern African Development Community (SADC) which are: Angola, Botswana, Democratic Republic of Congo, Lesotho, Namibia, Mauritius, Malawi, Mozambique, Seychelles, South Africa, Swaziland, Tanzania, Zambia and Zimbabwe

<sup>4</sup> Also known as Low Income Countries under Stress (LUCUS); defined by weak policies, institutions and poor governance.

<sup>5</sup> Mattes, R. *Healthy democracies? The potential impact of AIDS on democracy in Southern Africa*. Institute for Security Studies paper 71, 2003. Page 2.

**FIGURE 4.1** Impact of AIDS on life expectancy in five African countries, 1970-2010



Source: United Nations Population Division (2009, World Population Prospects: The 2008 Revision, database).

**Figure 1: Mortality in SADC, 1970-2010**  
**Source: UNAIDS: 2006 Report on the Global AIDS epidemic**

Without a critical investigation into the complex *extended family* and *Kinship networks* that have formed the bedrock of resilience in most African societies in the face of disease, poverty and famine over the centuries, an increased number of social scientists seemed enamoured to this idea of a swift collapse of the continent's new democracies<sup>6</sup>.

These fears were crystallized a little more than a decade ago when the realization that HIV/AIDS would pose some serious ramifications for the developmental agenda of the United Nations (UN) led to sensitization programmes that generated a growing consensus that the disease was more than just a health crisis.

Its profound effects on the social-economic fabric of society elevated the disease to the status of a crisis affecting governance more broadly, a point that many now concede. HIV/AIDS is obviously quite distinct from other epidemics and indeed other predominantly sexually transmitted diseases for a number of reasons:

- the symptoms are not immediately visible and remain so for a decade or more. This facilitates a silent diffusion through society via unprotected sex, poor medical facilities, intravenous drug use and Mother-To-Child Transmission (MTCT)
- because it is a “catastrophe in slow motion;” predominantly transmitted through heterosexual inter-course it comes with stigma and discrimination and therefore generates denialism
- unlike other major killers such as Tuberculosis, Malaria or indeed other STIs, it has no cure<sup>7</sup>
- it is unprecedented in terms of the human catastrophe it has caused
- it is the first disease to be labeled a global security threat by the United Nations Security Council, and the first to command a discussion by the entire security council (Hunter: 2003)

Since the materialization of HIV/AIDS, life expectancy in sub-Saharan Africa - the region most affected by the pandemic - has declined from 60 years to 43 years in the most affected countries. The sub-region defined by Southern African Development Community (SADC)<sup>8</sup> has had infection rates between 15 and 30% in adult populations over the past two decades. In contrast, the North African region has about 1% of its adult population infected. The pandemic has claimed 19.2 million African lives since the early 1980s and 25 million people are currently living with the disease (CHGA, 2004). Nepad (2003) calculates that economic growth has been slowed by 2.6% in Southern Africa by AIDS.

<sup>6</sup> Lately, Social researchers in Africa seem to agree that without the extended family and Kingship systems, the impact of HIV/AIDS on African societies would have been much worse. Africa hosts 95 percent of the 13 million so-called ‘AIDS orphans. See Matshalaga N. & Powell G.,(2002) Mass Orphanhood in the era of HIV/AIDS: Bold Support for alleviation of poverty and education may avert a social disaster. <http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1122118> & IRIN news report: Malawi: Illegal orphanages Mushroom: <http://www.irinnews.org/report.aspx?reportid=61374>

<sup>7</sup> UNAIDS/WHO global reports (2002-2005); Iliffe J. (2006) *The African AIDS Epidemic. A History.* Oxford. James Curry Ltd.

<sup>8</sup> SADC comprises the following countries: Angola, Botswana, Lesotho, Namibia, Malawi, Mauritius, Tanzania, Seychelles, South Africa, Swaziland, Zambia and Zimbabwe. No authoritative study has explained the disparate patterns of infection between West and southern Africa.

The pandemic is characterized by stigma, discrimination and therefore denialism amongst many societies, which renders it more difficult to combat. Studying its impact on society poses many challenges for researchers and has become more difficult to unravel amongst the political elite. While there is now, indicative evidence of the effect of AIDS on several key political institutions, there is in addition, a silent impact on political leadership, the extent of which cannot be fully appreciated without the benefit of openness and disclosure. The present discourse on AIDS and governance is hence under-pinned by an array of 'knowns' and a plethora of "unknowns."

## **AIDS and Governance**

The relationship between HIV/AIDS and democratic governance is multifarious and has been better understood when operational definitions have been applied which converge around institutional capacity and maturity, efficiency, effectiveness and civic participation viewed from the prism of human rights. <sup>ii</sup> In a broader sense, there are several ways in which the link between HIV/AIDS and democratic governance may be analysed assuming the impact of Anti-retroviral Treatment (ART) is not optimistically factored-in:

- Rising mortality rates may increase demands on public health and welfare expenditure. Further, increased AIDS deaths amongst the working class could reduce tax bases and therefore the financial resources available to finance budgets
- Due to limited availability of Anti Retro-viral drugs, AIDS relief could be apportioned along ethnic or partisan lines, generating tension between working classes and various tribal groups, possibly exacerbating corruption and fomenting dissent amongst the marginalised
- With the higher concentration of deaths to AIDS normally in the 15-49 age cohort, there is a strong likelihood that voting age populations will be depleted affecting participation levels negatively. Millions of potential voters could be constrained by illness and care giving and therefore rendered unable to navigate complex procedural processes that are required for citizen and voter registration.
- AIDS could lead to political opportunism, allowing for leaders with simplistic solutions to manipulate public opinion regardless of whether they uphold democratic governance principles or not
- Absenteeism and deaths could lead to low productivity affecting economic growth and increasing inequality. Economic under performance would affect citizen confidence in the government of the day or more critically the political system itself.
- Stigma and discrimination could entrench exclusionary tendencies, marginalizing People Living with HIV/AIDS (PLWHAS), care givers and "high risk groups" from mainstream political and social life. Reduced participation can compromise legitimacy of elected candidates if only the minority usher them into office. Lack of legitimacy can in turn spawn political conflict and instability as opponents seek both legal and illegal means to challenge outcomes.
- The burden of orphaning would similarly be overwhelming, not only tearing family systems apart but also stretching the state and civil societies' resources. With millions of children in the streets, the possibilities of increased crime would rise
- Lastly, HIV/AIDS could undermine the effectiveness of democratic institutions due to loss of skills, experienced personnel and reduced productivity. <sup>9</sup>

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<sup>9</sup> Chirambo, K. and Caesar, M. (eds.) (2003), *HIV/AIDS and Governance in Southern Africa: Emerging Theories and Perspectives*. Cape Town: IDASA. Also see: Strand, P. 2005. *AIDS and Elections in Southern Africa: Is the Epidemic Undermining its Democratic Remedy?* ISS Occasional Paper 110, ISS, Pretoria, July 2005.

## Conceptual framework

Experts on democratization consider the electoral process as a means to improve AIDS policy because leaders with the right credentials could assume power and effectively address the crisis. Conversely, if whole communities are debilitated by the pandemic, the trends could contribute to instability as ethnic groups less affected by the disease are elected through sheer weight of numbers over rivals whose support bases would have been substantially reduced by AIDS. As indicated above, it has also been assumed that problems of weak mandates of the winners might arise as too few people turn up at the polls due to illness, care giving and deaths.<sup>10</sup>

For a number of years, there has been no evidence to prove or disprove these hypotheses. Not until 2003 when the Institute for Democracy in South Africa (IDASA) first presented indicative evidence <sup>11</sup>of the impact of HIV/AIDS in the realm of politics (Chirambo; 2003), did a better understanding of the nature of the impacts begin to slowly emerge. <sup>iii</sup>

Using democratic governance as the central analytical concept and a range of qualitative and quantitative research approaches,<sup>12</sup> the following key areas of the electoral process are being studied with a view to identifying weaknesses wrought by AIDS in Africa's democratic institutions; and carefully crafting policy responses that would contribute to the overall national responses:

- **Electoral systems:** Their divergent strengths and weaknesses in the face of the HIV/AIDS epidemic are being unraveled
- **Electoral management and administration:** The vulnerability of the Electoral Management Bodies (EMBs) to the effects of HIV/AIDS is being probed
- **Parliamentary configuration:** Power shifts arising from AIDS induced by-elections are being analysed
- **Political parties:** The potential impact on political leadership and organizing capacities of political parties is being studied
- **Voter and civic participation:** Focus group discussions investigate the impact of stigma and discrimination on voter participation from the perspective of PLWHAs.<sup>iv</sup>

## ELECTORAL SYSTEMS: THE LINK TO DEMOCRATIC GOVERNANCE

The areas being studied all have some influence on the quality of governance in general and may relate in several complex ways to how ultimately HIV/AIDS is prioritized on the national agenda. To understand the role of each political institution in this regard, I begin by explaining the role of the electoral system in democratic governance.

A distinction is made between an election and an electoral system thus: Elections refer to a *process* of selecting local and national leaders on a periodic basis by casting ballots as defined in a national constitution and relevant electoral laws. An electoral system on the other-hand refers to a *method or formula* of selecting leaders and essentially translating the votes cast into seats-and power in decision making mechanisms (Reynolds, et al, 2005; Matlosa 2004). Electoral systems also influence levels of representation, ethnic and gender diversity, among other things. Research shows for instance that Proportional Representation (PR) systems maximise the potential for gender and ethnic diversity therefore minimising conflict and fostering inclusivity in policy processes. An electoral system hence determines *who is elected, how they are elected and who decides on national matters, including governance priorities concerning HIV/AIDS.*

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<sup>10</sup> Ibid

<sup>11</sup> With the support of the Ford Foundation and Rockefeller Brothers Fund (RBF), IDASA's Governance and AIDS Programme (GAP) initiated the first ground-breaking pilot study of Zambia followed by a comprehensive exploration of South Africa. A six country comparative study of Botswana, Namibia, Malawi, Tanzania, Senegal and Zambia, sponsored by the Swedish International Development Agency (SIDA) is on-going.

<sup>12</sup> The methodology used was: **literature reviews**; **structured interviews** with key political figures; **Focus Group Discussions** with People Living with HIV/AIDS, care givers who were registered voters, **Statistical Analysis** of electoral, afro-barometer and epidemiological data, **Stakeholder meetings** with governance experts, government officials, UN officials, electoral commissions, political parties, academics.

The four main types of electoral systems employed in Southern Africa and their essential features are:

### **Single-Member Plurality (SMP)**

Popularly referred to as FPTP, this system is considered the simplest. The country is divided into electoral zones or constituencies which are contested for by prospective candidates. The candidate who receives the most votes is declared victor, even though one does not obtain more votes than all the others combined. One of the key elements of this system is the requirement for a by-election to fill vacancies when the elected representative dies, resigns or crosses the floor. There are eight southern African Development Community Countries (SADC) countries that operate the FPTP electoral system or variation of it: Botswana, Malawi, Mauritius, Seychelles, Swaziland, Tanzania, Zambia and Zimbabwe. Most of these are former British colonies.

### **Single-Member Majority (SMM)**

The SMM system is also constituency-based but the fundamental characteristic is that candidates are required to garner an absolute majority of votes (50 + 1%) to be declared winner. Sometimes, where candidates fail to achieve an absolute majority, a run-off is called. The SMM has been used for presidential elections in some countries in the SADC region.

### **Proportional Representation (PR)**

There are various types of PR systems worldwide but the most common is the closed party list system. Under this, the entire country constitutes a single constituency. Political parties will contest this space and will be allocated seats proportional to the percentage of votes they garner nationally. The SADC member states that use the PR system are Angola, Mozambique, Namibia and South Africa. It must be stated however, that while South Africa employs PR at national level, it uses the Mixed Member Proportional System (MMP) at local government level.

### **Mixed-Member Proportional (MMP)**

A combination of the PR and FPTP systems, MMP facilitates the election of one stream of MPs through the FPTP method and the other through the PR system. Only one SADC country has adopted the MMP system, Lesotho (EISA, 2003). **Senegal, one of the countries in this study, also uses the MMP, parallel system at national level.**<sup>13</sup>

## **Electoral Systems: the link to HIV/AIDS**

Because records of the actual causes of deaths of elected representatives are often unavailable, there are a number of steps we have taken to explain the impact of the AIDS pandemic on electoral systems. We have done this by:

- Comparing and analysing trends in deaths of elected leaders during the “pre-AIDS” period and the “AIDS era”;
- Analysing the age cohorts of the deceased leaders (do they fall within the sexually active age group of 20-60 years?);
- Aggregating the causes of by-elections in countries that employ the FPTP system (was there an increase in the number of by-elections caused by illness in the “AIDS era” compared to the “pre-AIDS era”?).

Although these steps do not conclusively attribute deaths to AIDS they do help us draw inferences on the pattern of deaths and their correlation to trends in AIDS deaths in the national population. High mortality among younger politicians (40-55) provides a strong basis to link the deaths that have been attributed officially to “long” or “short illness” to the influence of the pandemic. Following this we expand the discussion by addressing the political and economic consequences of the pandemic resulting from its effect on the electoral system. These costs are best exemplified by assessing the FPTP and MMP systems which employ by-elections to fill vacancies.

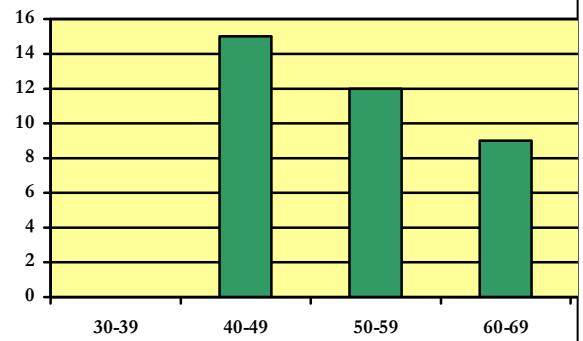
It is less useful to use the PR system because vacancies are filled by appointment from the party lists.

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<sup>13</sup> See [ACEproject.org/ace-en/topics/es/esy/esy\\_sn](http://ACEproject.org/ace-en/topics/es/esy/esy_sn): Senegal: A parallel System in Africa. **Presidential elections:** two-round majority run-off system: parties put up candidates in the first round and voters can freely vote for the candidate they prefer while saving their strategic vote for the second round.

**Legislative elections:** the PR seats are allocated from the votes cast for the national list of each party. The other seats are allocated by plurality vote (party block vote) in multi-member electoral districts in the 30 departments of Senegal.





**Figure 3 Age cohort and numbers of deceased MPs 1990-2003 Zambia**

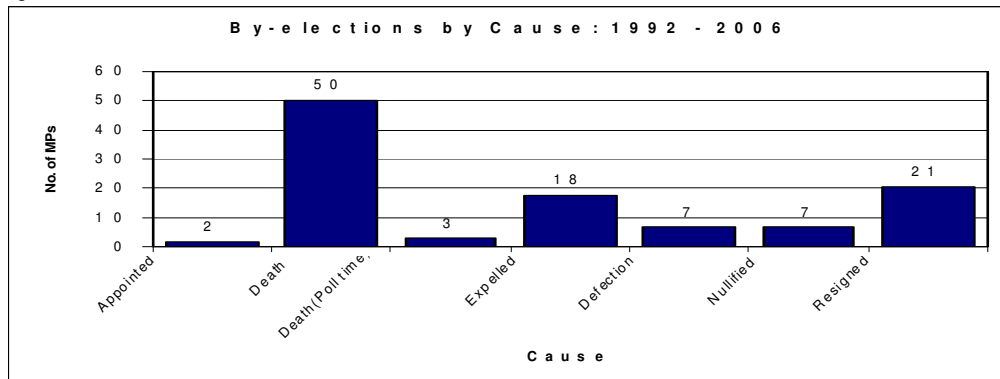
## Key findings: Impact of HIV/AIDS on electoral systems <sup>v</sup>

### By-elections in Zambia

- Our pilot study undertaken in 2003 in Zambia - which uses the FPTP electoral method - indicates that between 1964 and 1984 (the 20-year period before the advent of HIV/AIDS) a total of 46 by-elections were held, 14 of them a result of death by illness and accidents combined. Over an 18-year period (from 1985, the year the first case of AIDS was documented in Zambia, to February 2003) 102 by-elections were held and 59 of those were due to death by disease.<sup>14</sup> Most of these – altogether 39 - were held between 1992 and February 2003, which are the years in which the HIV/AIDS pandemic peaked in Zambia. The majority of the deceased fell into the age range of 40-60 as illustrated in Figure 3, which is the sexually active age cohort. There were no MPs below the age of 40 at the time of the study. While there may be no specific information on the nature of the illnesses that led to the deaths of representatives, trend analyses can be indicative of the possible influence of the pandemic (Chirambo, 2003; 2004). Our researchers for instance observe that the frequent deaths of MPs and other political representatives as a result of illness have only become common in the last ten to fifteen years in Zambia. As a result, the number of by-election generated by the natural deaths of incumbent MPs and councillors has also increased during the same period. While only 6.44 % of the 46 by-elections between 1964 and 1984 were caused by MPs succumbing to natural deaths, the numbers rose dramatically between 1985-2005: in that period about 60 % of the 146 by-elections were due to deaths of incumbent MPs (Elemu et al: 2006). It can of course be argued that parliament size changed during that period but that does not discount the fact that the rate of deaths still remains high.

<sup>14</sup>Zambia's parliament had 135 seats in the pre-AIDS era (inclusive of nominated seats). This was increased to 150 in 1990. Eight extra seats are reserved for nominated candidates, bringing the total to 158 seats.

Figure 4



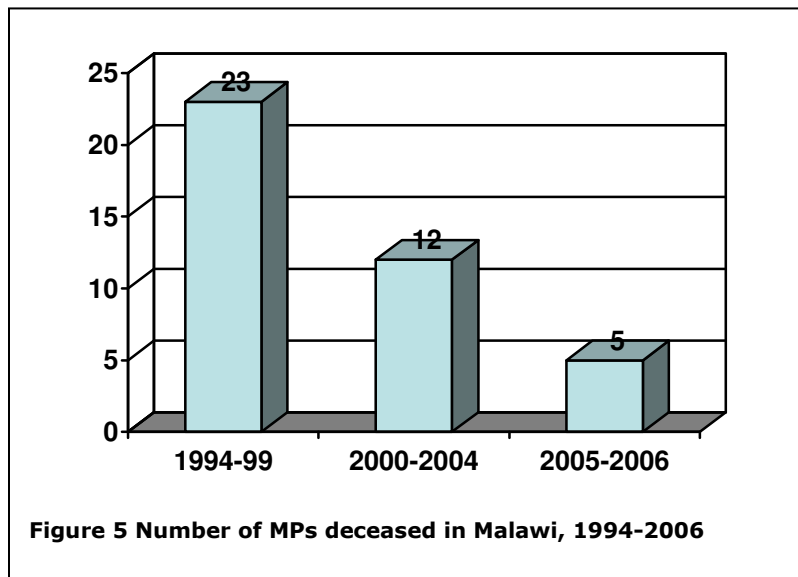
Source: Foundation for Democratic Processes

### By-elections in Malawi

Our preliminary research in Malawi also shows that there was a steady rise in the number of legislators who died in the 1994-1996 period – which was the height of the AIDS pandemic – compared to the 1999-2004 period (Munthali, et al, 2006).<sup>15</sup>

A total of 42 MPs died between 1994 and 2006. Of the 193 members of parliament at the end of 2005, 87 (45%) were below 50 years of age; and 138 or about 72% were below 60 years of age. These figures suggest that the house is full of people who are still in their prime years and thus still sexually active hence vulnerable to HIV infection.

An official statement in 2000 by the then Speaker of the National Assembly disclosed that 28 members of Parliament in Malawi had died of HIV/AIDS related complexes. There is a declining trend in the period in question which might be explained by the increased availability of Anti-retroviral (ARVs) drugs in the late 1990s and since MPs will be in the higher middle class to upper class economic bracket, with access to medical schemes, attrition rates will likely slacken.



<sup>15</sup> Malawi has a parliament of 193 seats.

## **Tanzania (mainland), Zanzibar, Namibia and Senegal**

In Tanzania, a total of 31 MPs have died since 1991. As in the other countries, no information is at this point available on the actual cause of death in cases where illness is involved. Four MPs are listed as victims of car accidents and shootings, while the rest died from undisclosed long and short illnesses. Mortality at the House of Representatives in Zanzibar is relatively low (less than 1%) as is the case in the general population of the predominantly Muslim island. The disparities between Zanzibar and Tanzania (7% HIV prevalence rate) mainland in terms of prevalence rates might be explained by the influence of religion or geographical position and size, among other things. Similarly, the influence of Islam coupled with strong management of the pandemic is a matter requiring further investigation in its link to the spread of HIV/AIDS. Senegal generally exhibits prevalence rates among the general population that vary between 0.7% and 9% (EDS IV, 2005; UNAIDS, 2006),<sup>16</sup> which is still far below the Sub-Saharan levels. During Senegal's the current legislature (2001-2006) parliamentary session, only three MPs have died. This figure does not indicate a substantial increase in deaths when compared with prior legislatures, particularly those before HIV/AIDS pandemic. It has not also been established that there has been a high mortality in elected representatives of local communities.

In the same vein, Namibia does not show any significant trends that may be linked to an unusual phenomenon such as HIV/AIDS. It must be remembered that the Namibia epidemic is still considered "immature" and will not yet have hit the second and third waves which bring about mass deaths and orphaning<sup>17</sup>. Also, data from the Apartheid era is not easy to find. Records from the country's parliament indicate that between 1990 and 2006 six sitting MPS died. Four of these were from the National Assembly and two (2) from the National Council. None have died from illnesses related to HIV/Aids according to the causes of death issued to the media. Press reports at the time of the MPs deaths gave the causes complications from diabetes, vehicle accident, long and short illnesses and heart attack. The average age being of MPs in Namibia is 54. The death rates among the 98 elected members of both houses have remained low. As in South Africa, the PR system employed at national level is relatively cheaper to manage when vacancies occur as no by-elections are required. However at regional (local) levels, this picture changes due to the FPTP and MMP systems employed in Namibia and South Africa respectively.

## **South Africa**

Data from the Parliament of South Africa suggests that 227 MPs departed between 1994 and 2006. Twenty three (23) of the vacancies arose as a result of deaths. There is no information provided us on the causes of deaths and at the moment, there is no evidence to suggest that the trends of deaths correlate with trends in HIV/AIDS attrition in the general population. The relatively lower death rates have been explained as having to do with the extent of medical cover extended to parliamentarians in South Africa<sup>18</sup>. While this might be a factor, it should also be noted that other countries too do have similar medical schemes. But the fact that senior parliamentarians have on occasion also been flown abroad for advanced medical attention in some instances indicates a disparity in the capacity and quality of medical care.<sup>19</sup> Although the trend of losing MPs due to death amounts to loss of political leadership at high echelons of the party concerned, in the case of South Africa this has little financial implications since what the affected party simply does is to revert back to its predetermined list and fill the vacancy. The other related point is that unlike with the FPTP system, under the PR system replacement of MPs does not really lead to shifts in terms of the configuration of power among parties since the party that loses an MP is the same party that fills the vacancy since that seat is not open to a new contestation as it were.

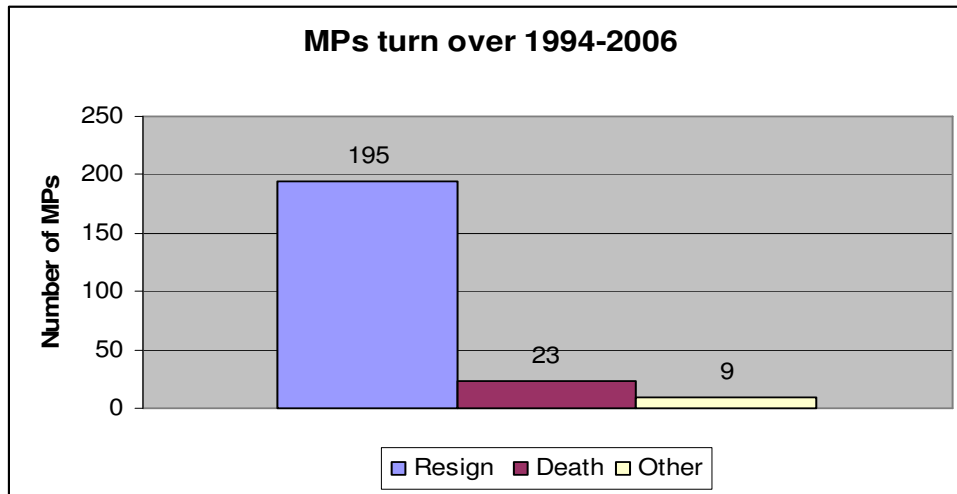
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<sup>16</sup> See Niang et al (Forthcoming); HIV/AIDS and Democratic Governance in Senegal: Illustrating the Impact on Electoral Processes. Cape Town. Idasa: "These rates, considered as relatively low in the sub-Saharan African context, however conceal substantial disparities between the various regions of the country".

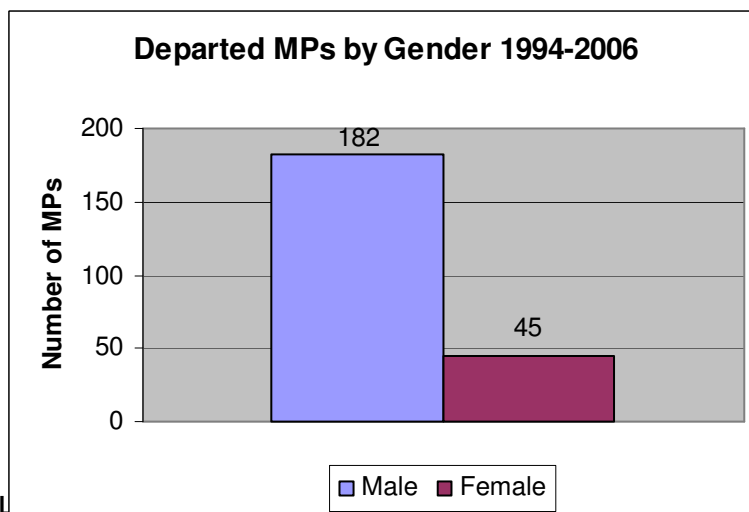
<sup>17</sup> Barnett and Whiteside explain that the epidemic comes in successive waves, the first being HIV infection; followed several years later by a wave of opportunistic infections and finally a third wave of illness and death.

<sup>18</sup> Mattes R. & Strand P (2007) AIDS Impact Research at DARU: HIV/AIDS and Society: Building a Community of Practice. Cape Town.

<sup>19</sup> In 2005, the speaker of the National Assembly of Malawi was flown to South Africa for further medical treatment. Similarly, leading politicians from Zambia often access medical aid from South Africa or in Europe.



Source: Parliament of South Africa, 2007



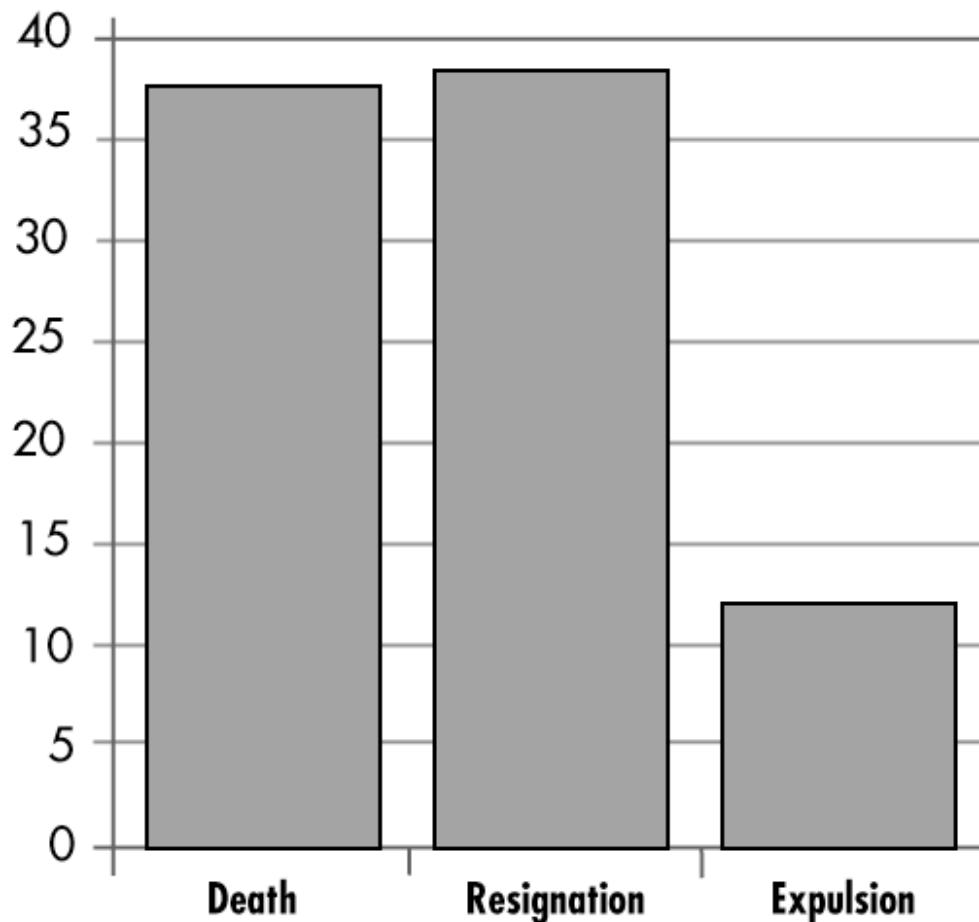
Source: Parliament of South Africa

While, South Africa appear insulated from the financial costs of replacing deceased leaders, it is has held by-elections at a local level to replace directly elected councillors. The electoral system used for local government elections is as follows: (a) for local and municipal councils (Category A and Category B respectively) 50% of ward councillors are elected directly through the FPTP system and the other 50% through the PR model in order to achieve overall political proportionality; and (b) at the district level (Category C) 40% of the councillors are directly elected by eligible district residents while 60% of the councillors are indirectly elected in that they are appointed representatives of local and municipal councils (Strand, Strode, Matlosa & Chirambo, 2005).

In 2001, a total of 79 by-elections were held. Of these 27 were in KwaZulu-Natal and nine in Gauteng. A study undertaken by Michael Sachs <sup>20</sup>provides reasons for the by-elections held by province. The Sachs report indicates that

<sup>20</sup> Sachs M. (2002) By Elections in 2001: A statistical Review. UMRABULO. Issue number 14 in April ANC. [www.anc.org.za/ancdocs/pubs/umrabulo/umrabulo14/elections.html](http://www.anc.org.za/ancdocs/pubs/umrabulo/umrabulo14/elections.html)

of the seventy nine by-elections in 2001, 34 were caused by a councilor's resignation from his or her post, 33 resulted from the death of a councilor and 12 were the result of the expulsion of a councilor either from the party or the council concerned. It has to be stated that in Africa, generally, Members of Parliament and councillors will enjoy a much higher standard of living than the general population and will also have access to better medical services. These deaths would have occurred despite all that.



## Chart 1: Reasons for By-elections held in 2001

Figure 6: Source: Sachs (2002)

### Voter turnout in by-elections in Local by-elections in South Africa

The Sachs study also found the average turn-out in by-election to be significantly lower than in general elections. While the average turn-out in the December 2000 local elections was 48 percent, and 86 percent in the 1999 general elections; the study established that a comparatively lower figure of 33% of registered voters cast their ballots in the 79 local by-elections. Sachs compares average turn-out in by-elections in each province with average turnout (in the same

wards) in the General Election in June 1999 and the municipal elections in December 2000. which demonstrates lower participation in by-elections. The significance of these data is that a proliferation of by-elections will likely have the following effects:

- disinterest in elections from potential voters
- voter fatigue
- weaker mandates for candidates because they are elected by a minority
- Fatigue by under-resourced political parties, reducing the level of competition.

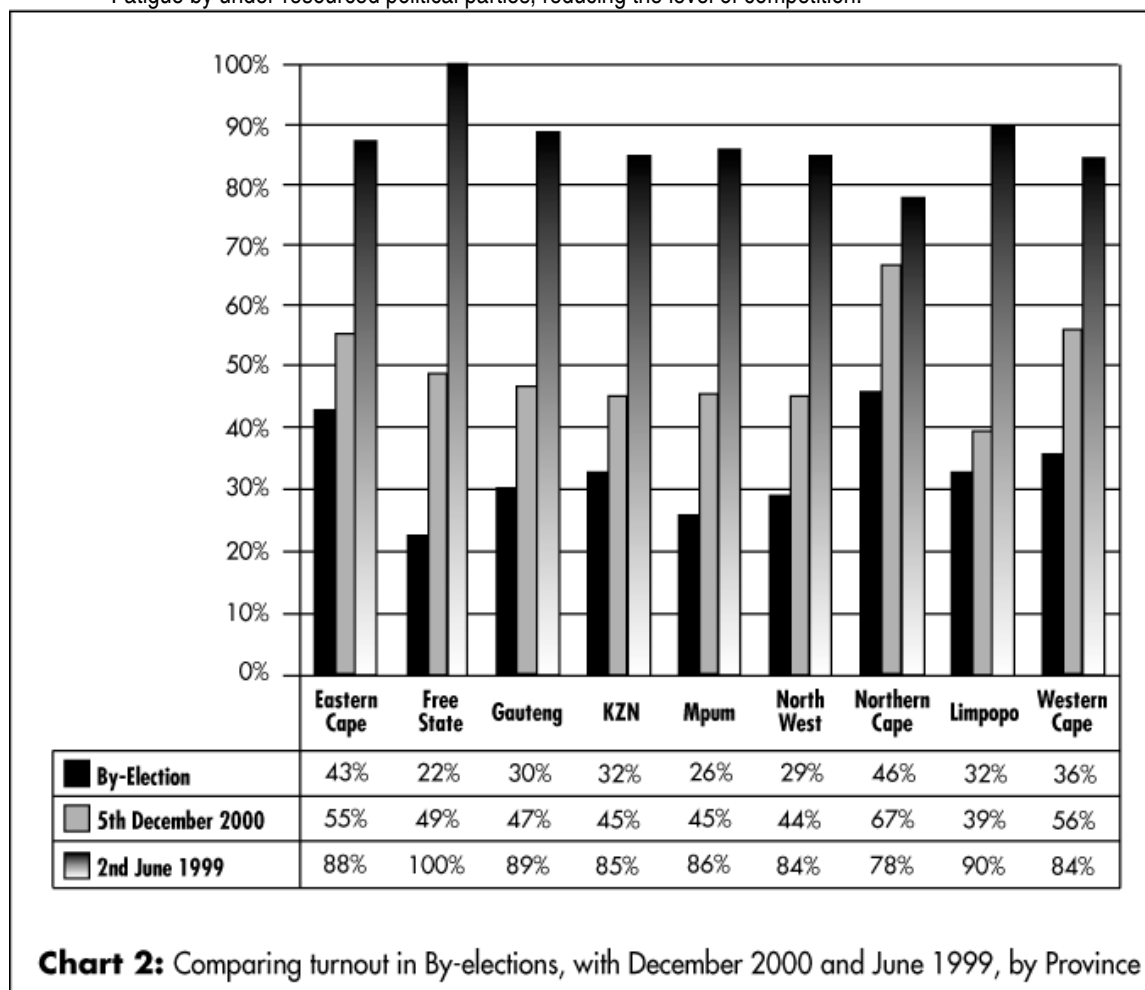


Figure 7: Source: Sachs (2002)

### By-elections: changing power configurations in national parliaments

We note that disease in general, and HIV/AIDS in particular, contributes to power shifts in countries operating the FPTP electoral model. The effect of natural deaths, combined with vacancies generated by expulsions, resignations or floor-crossing by members, compelled Zimbabwe to hold 14 by-elections following the 2000 legislative polls. Eight of the by-elections arose because parliamentary representatives had died prematurely of undisclosed illnesses.

**Table 8: Power shifts as a result of by-elections in Zimbabwe since the 2000 general election**

Year	No of Seats			
Elections	ZANU-PF	MDC	ZANU Ndonga	Total
2000 General	62	57	1	120

Election				
By-Elections Since 2000*	67	52	1	120

Source: ZESN (Zimbabwe Election Support Network)

The effect of numerous by-elections is that the opposition parties have generally lost the majority of the polls, partly perhaps due to their inability to compete with a well-resourced ruling party. In Zambia, the opposition also lost ground after entering parliament in the 2001 general elections with a combined slender majority. The by-elections that followed in succession several months later were won mainly by the ruling Movement for Multi-party Democracy (MMD). There is nothing un-democratic about this, we might add. But it is an important observation regarding how a disease may affect the balance of power, inadvertently.

**Figure 10: Power shifts in the Zambia Parliament between 2001 and 2006**

	MMD	UPND	FDD	UNIP	HP	PF	ZRP	INDPT	TOTALS
<b>2001 Election seats</b>	<b>69 (46%)</b>	<b>49 (32.7%)</b>	<b>12 (8%)</b>	<b>13 (8.7%)</b>	<b>4 (2.7%)</b>	<b>1 (0.7%)</b>	<b>1 (0.7%)</b>	<b>1 (0.7%)</b>	<b>150 (100%)</b>
Seats lost	2	7	1	4	2	1	0	0	15
Seats retained	11	1	0	0	0	1	0	0	13
Seats gained	14	0	1	0	0	1	0	0	16
Net gain	12	-6	0	-4	-2	0	0	0	
<b>Pre-2006 Election seats</b>	<b>81 (54%)</b>	<b>43 (28.7%)</b>	<b>12 (8%)</b>	<b>9 (6%)</b>	<b>2 (1.3%)</b>	<b>1 (0.7%)</b>	<b>1 (0.7%)</b>	<b>1 (0.7%)</b>	<b>150 (100%)</b>

Source: Foundation for Democratic Process

### Loss of representation

The immediate political cost of the death of an MP is the loss of representation by the constituency. Depending on the time it takes to replace the deceased through by-elections, this might disadvantage the masses. MPs are expected to drive development at constituency level, even though they may not always have the resources to do so. Any long absence from representation alienates the affected districts. On the Tanzania mainland, six constituencies - Kisesa, Mbeya Vijijini, Ulanga Mashariki, Kasulu Mashariki, Rahaleo and Kilombero - had no MPs by the December 2005 general elections. Their MPs had died during the 2000-2005 parliamentary sitting. During the 1995-2000 parliaments, ten MPs died (Kessy, et al, 2006). In Malawi, it took more than a year for by-elections to be conducted in the six constituencies that fell vacant after the 2004 elections. The vacancies were attributed to a number of reasons, including deaths. The constitutional requirement is for a by-election to be held within 90 days of the seat falling vacant (Chirwa, et al, 2006). It appears lack of funds was a constraining factor in the country's failure to hold elections timeously, Malawi being one of the poorest countries in the world.

### Economic costs

There is a high cost to the Treasury in holding numerous by-elections. In December 2005 the six by-elections in Malawi cost an estimated MK65 million (\$US 474 799.12), which translated into approximately MK10.8 million (\$US78 889.70) per constituency. By-elections held in Zambia have cost up to \$US200 000 in the larger constituencies.<sup>21</sup> In Tanzania, by-elections cost between \$US300 000 and \$US500 000 depending on the size of the voting district (Kessy, et al, 2006). Similarly, eight by-elections were held in Lesotho since the country modified the electoral model in 2002 from FPTP to an MMP system.<sup>22</sup> Seven of the MPs had been elected through the FPTP system and one through the PR system. Each by-election cost approximately R1 million (roughly \$US133 333.00). Three by-elections were the result of

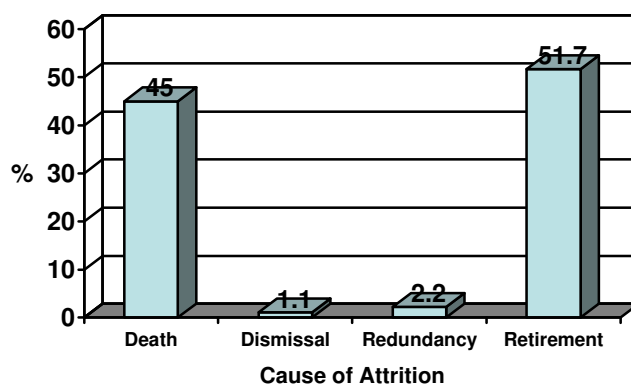
<sup>21</sup> According to the Electoral Commission of Zambia's Deputy Director, Priscilla Isaacs, (telephone interview, 2004).

<sup>22</sup> By-elections costs include, transport, printing of ballot papers, allowances or election officers, presiding officers, tents, lighting, distribution of voters' registers, transport (air and land), among others.

the deaths of MPs.<sup>23</sup> Although wards are smaller and therefore less costly, the cumulative effect of holding too many local by-elections can be a burden for South Africa as each ward by-election costs approximately R30 000.00 (\$4000).

**Key findings: Impact of HIV/AIDS on electoral management and administration**

*“The impact of HIV/AIDS has forced electoral management bodies to face a number of problems regarding the voters’ roll. The number of registered voters on the voters roll is not a true reflection of what is on the ground. Our voters’ rolls are bloated with dead voters” M. Ngwembe, Commissioner Malawi Electoral Commission, (Chirambo & Caesar, 2003. p. 128).<sup>vi</sup>*



**Figure 11: External impact Malawi: Causes of death among qualified teachers and staff, Ministry of Education, 1990-2000**

The impact on EMBs has to be understood in three ways:

- The loss of core staff, which might affect efficiency and institutional memory;
- The loss of part-time staff who were mainly drawn from the public service’s teaching profession compromises continuity, undermines the quality of work and raises costs as training is then needed for new staff;
- The rapid rise in numbers of deaths renders the voters’ roll unmanageable.

Our examination of various EMBs has not shown any evidence of loss of core professional staff that suggests the influence of HIV/AIDS. The study of the Independent Electoral Commission (IEC) in South Africa shows that the majority of its core staff fell in the endangered age cohorts (15-49). The need for a strong internal policy was therefore emphasised. Studies on the impact of HIV/AIDS on parastatal/state institutional skills bases suggest that the IEC’s external functions, which rely on public service workers for support during elections, are also vulnerable to the pandemic’s effects. This vulnerability is aggravated by the fact that most temporary staff are from the teaching profession, which is one of the hardest hit by the HIV/AIDS pandemic. Studies by the Human Sciences Research Council (HSRC) in South Africa indicate that 4 000 teachers died in 2004 while 45 000 more, about 12.7% of the workforce, were HIV-positive. Of those who died of AIDS, 80% were under the age of 45. The study was conducted at 1 700 schools. Ten thousand of the 45 000 HIV-positive teachers needed ARVs (*The Star*, 05/04/05).

In Malawi and Zambia electoral commissions also use the services of teachers extensively and there, too, the mortality among this category of workers is relatively high. A study titled “The Impact of HIV/AIDS on the Human Resources in Malawi’s Public Sector” conducted by the Malawi Institute of Management (MIM) for the government of Malawi and the UNDP illustrates a grave situation of morbidity, absenteeism and attrition due to HIV/AIDS among civil servants.

<sup>23</sup>



As the conducting of elections requires experienced staff, the vulnerability of support personnel to the disease is likely to reduce the IEC's ability to rely on them to bring their accumulated experience and skills to bear on future elections.

- In Zambia, it is projected that the HIV/AIDS epidemic is likely to reduce the number of teachers from an expected 59,500 to only 50,000 by 2010, while teacher absenteeism due to HIV-related illnesses will cost 12,450 teacher/years over the next decade (Elemu & Rubvuta: 2006).

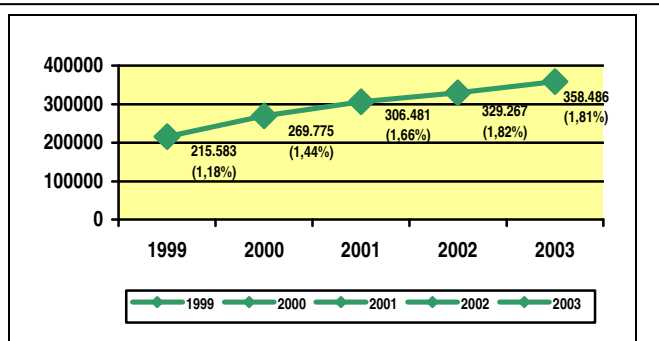
**Key findings: Impact of HIV/AIDS on voter populations and voter registers**

**South Africa**

It was established in our South Africa study that 1 488 242 of the country's registered voters died between 1999 and 2003 out of a total of 20 674 926 people who were on the voters' roll for the 2004 general elections. Deaths are concentrated in the 20-49 years and 60-79 years age groups. We argued that the sharp increases in mortality - in some cases up to 200% - among registered voters between the ages of 20-49, particularly among women in the 30-39 year bracket, can to a large extent, if not wholly, be explained by AIDS. We based our argument on the strong correspondence between the profiles that our analysis generated and those that have been described by the expert demographers in the field of HIV/AIDS.

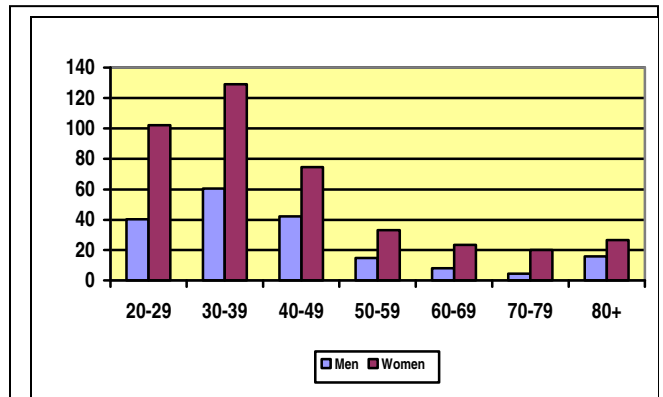
**Zambia**

Preliminary analysis of Zambia's voter profiles indicates that provinces with high HIV prevalence are the ones experiencing decline in voter pools. The country is divided into nine provinces and Table 4 shows the population size of each province from 1980 to 2000. The Copperbelt Province has the highest population followed by Lusaka, Northern, Southern and Eastern provinces. Northwestern province has the lowest population followed by Western.



**Figure 12: South Africa: Absolute and (relative) numbers of deceased voters per year**

Source: IDASA



**Figure 13: South Africa: Increase (in %) in relative numbers of deaths among registered voters between 1999-2003, per age and sex.**

Source: IDASA

**Figure 14: Population size by province, Zambia**

Province	1980	1990	2000	Prevalence Rate
Central	511 905	771 819	1 006 766	18.7%
Copperbelt	1 257 178	1 458 471	1 657 646	26.3%
Eastern	650 902	1 004 700	1 300 973	16.5%
Luapula	420 966	564 490	784 613	16.2%
Lusaka	691 054	991 230	1, 432 401	27.3%
Northern	674 750	925 388	1 407 088	13.5%
North/Western	302 668	438 215	610 975	11.7%
Southern	671 923	965 593	1 302 660	15.7%
Western	486 455	638 761	782 509	18.9%
Total	5 661 801	7 759 167	10 285 631	

Source: Population and Demography Branch Central Statistics

Although Zambia recorded its highest voter participation rates in the 2001 presidential elections, an estimated 67%, the statistics raise a number of questions when we consider the absolute figures of registered and actual voters since the first multi-party polls in 1991 (see Table 5). Despite the increase in the number of eligible voters, the number of registered voters has continued to decline. The total number of voters has also declined in absolute terms between the 1991 and 2001 elections.

**Table 2: Voter registration and actual votes in Zambian elections 1991 – 2001**

Year	Eligible Voters	Registered Voters	Reg/Eligible	Total Vote	Vote/Reg.	Vote/Elig Vote
1991	3.8 mill	2.93 mill	77%	1.31 mill	45%	35%
1996	4.4 mill	2.26 mill	51 %	1.26 mill	55%	30%
2001	4.68 mill	2.6 mill	55%	1.7 mill	67%	37%

Source: Adapted from Rakner and Svåsand (2003)

Without taking into account the difference between the number of eligible voters and registered voters, and the gap between the latter and the actual voters, the 12% increase in turnout between the 1996 and 2001 polls could be misleading. Preliminary studies have shown that of the country's nine provinces, Lusaka with an HIV prevalence of

27.3%, Copperbelt 26.3% and Western 18.9% have shown the sharpest decline. The Copperbelt province, the mining region of the country, has seen its voter population decline by 149 349 (602 589 in 1991 to 453 240 in 2001) (Tapfumaneyi, 2003).

One of the strongest explanations for the drop could be the mass unemployment leading to labour migration that arose from the privatisation of the mining and manufacturing industries on the Copperbelt in the early 1990s. It is possible that skilled labour moved to other towns, cities and neighboring countries as the job market shrank (Tapfumaneyi, 2003; Chirambo, 2004). Political disillusionment and poor infrastructure were also raised by stakeholders in a study on the electoral process in Zambia in 2001, as possible explanations for poor participation in the polls (Chirambo et al; 2002). An on-going study by Idasa expects to unravel this phenomenon further.

### **Key findings: Impact of HIV/AIDS on political parties**

Political parties have flourished under the new democratic dispensation in Africa. Emergent political parties, bolstered by relaxed registration rules, have made important contributions to “good” governance and democratic accountability, allowing for diverse interests to emerge. Studies by the United Nations Economic Commission for Africa (UNECA) indicate that Chad has 73 political parties, South Africa 140, Mali 91, Ethiopia 79, Burkina Faso 47, Morocco Nigeria and Botswana each have 30, Egypt 17 and Ghana 10 (UNECA, 2005). The viability of these political parties varies from country to country. In fact, the party system is yet to fully develop on the continent. Most political parties are headed by patrons who not only finance the institutions but also provide the leadership. Political parties are formed usually before a major poll and dissipate upon failure to access power (UNECA, 2005).

In Malawi for instance, of the nine parties that won parliamentary seats in the 2004 election, only three were more than ten years old. These were the Malawi Congress Party, the Alliance for Democracy and the United Democratic Front. The rest were created within three years of the election (Chirwa, et al, 2006). In Zambia, nearly all the opposition parties that contested the second multi-party election in 1996 had collapsed by the time the country held its third election in 2001, except for the United National Independence Party (UNIP) the former ruling party, and it in fact boycotted the poll (SARDC, 2005). South Africa, with a PR electoral system at national level and state financing for political parties, has a relatively stable party environment as there seems to be an incentive to exist beyond elections.

### **Implications for party structures**

There are three levels at which HIV/AIDS may impact on political party structures:

- **Organisational:** The loss of cadres and members affects electioneering capacity;
- **Financial:** Loss of members reduces subscriptions;
- **Leadership:** The loss of a patron spells the end of a party or compromises electoral viability and financial status.

The single common feature emerging from preliminary research on political parties in several of the six countries being studied is the poor record-keeping amongst the entities. Membership cards are often distributed without charge; therefore using a decline in subscription as a proxy indicator for member attrition is futile. However perceptions of loss to HIV/AIDS amongst members are acknowledged in Zambia and South Africa by party and government officials alike.

*It is now an acknowledged fact that political parties, which are an essential part of any multi-party democracy, are affected by HIV/AIDS. Almost all political parties in this country have been losing leaders at various levels due to HIV/AIDS-related illness and deaths.<sup>24</sup>*

In our 2005 study, the leading political parties in South Africa, including the African National Congress (ANC), the Democratic Alliance (DA) and the Inkatha Freedom Party (IFP), did acknowledge that HIV/AIDS does or could strain party structures, creating an increased need to replace cadres who have succumbed to illness, especially HIV/AIDS. Although no discernible functional defects have arisen in the party structures, a loss of seniority and experience was reported. A more direct impact acknowledged by religious-based parties, such as the African Christian Democratic Party (ACDP), is the time HIV/AIDS-related deaths have tended to commit political leaders to in terms of officiating at recurrent funerals of cadres. This might affect their organisational capacities. Malawi provides some data on attrition in the structures of its founding party, the Malawi Congress Party (MCP). Chirwa, et al (2006) indicate that confidential

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<sup>24</sup> Kapembwa Simbao, (former) Deputy Minister of Health, Zambia, in his opening speech at the IDASA/FODEP/INESOR policy forum on AIDS and elections, 2005.

correspondence shows that the party lost at least 22 members of its district committees, at least 13 members of its regional committees and not fewer than eight members of its central executive committee between 1987 and 1993. In Senegal, an analysis of parties' programmes and structures shows a poor interest in matters relating to AIDS and health (political parties don't have specific structures relating to health and HIV/AIDS issues). This explained by low prevalence of HIV in the West African country.

### **Key findings: Impact of HIV/AIDS on political participation**

#### **Stigma and discrimination**

UNAIDS defines stigmatization as "a process of devaluation within a particular culture or setting where attitudes are seized upon and defined as discreditable or not worthy" (Panos/Unicef, 2004). Essentially this means a group of people are cast aside based on the assumption that they are different or apart from the normal social order. It connotes a sense of shame arising from the apparent violation of a set of values or norms by an individual or group. Discrimination is the exclusion that follows this process and can be institutional in character.

A salient feature noted in our research in Zambia is the use of HIV/AIDS as a weapon in electoral politics. Candidates who are perceived to be sick are de-campaigned and destroyed before the eyes of the electorate. Weight loss is closely associated with AIDS and has caused opposition parties to cast doubt on the health of leading candidates and incumbents alike. In our post-research stakeholder meetings with the ruling MMD and opposition parties in July 2006 in Zambia this was further underlined by top party officials. No party was willing to adopt a candidate who was HIV positive or was perceived to be positive, as they were seen to be liabilities (Chirambo 2006).

The debate on Voluntary Counseling and Testing (VCT) for elected representatives has also engulfed Namibia. Former Swapo MP, Ben Ulenga, who was Deputy Minister of Local Government at the time, stirred a heated debate when he announced his intention in 1996 to take a test for HIV. He also alleged that half the national parliament was infected by the virus. His negative results did not inspire others to follow suit (Hopwood, Hunter and Kellner; 2006). In the seven countries being studied that have released preliminary results, there is not a single elected member or cabinet minister known to be HIV-positive. This contradicts the statistics. There seem to be deep-rooted fears among the political elite of the consequences that follow a sero-positive outcome.

#### **Stigma, discrimination as impediments to citizen participation**

AIDS sickness has been highlighted in Tanzania, Zambia, Namibia and South Africa as an impediment to political participation. Although the levels of stigma and discrimination differ from country to country, it was only in South Africa that PLWHAs expressed fears about their status compromising their engagement with the wider public in an election. We can explain this by appreciating the mature nature of the epidemic in other African countries, where longer periods of living with the epidemic may have led to greater awareness amongst their communities. Also, the literacy levels would explain higher levels of tolerance. In our South African study, stigma and discrimination resonated as the single most dominant determinants for lack of participation in elections by PLWHAs and care-givers in rural KwaZulu Natal. Focus group discussions with PLWHAs and care-givers who were all registered voters for the 2004 election, held in urban and rural areas of KwaZulu-Natal, yielded seemingly well-founded fears that communities will further ostracise or marginalise those infected and affected if they appeared at major public events. The participants' opinions correlate with the findings of studies on stigma and discrimination, particularly the South African Department of Health study of 2002, that HIV/AIDS remains a taboo topic among some South African communities, especially in the rural enclaves. The sense of stigma, it seems, is strongest where people are symptomatic; participants said that most members of the communities would not stand in the same queue with someone with visible signs of disease e.g. body rashes or sores. Based on these discussions, we concluded that in South Africa people who have visible signs of HIV/AIDS and those who have publicly declared their status are more likely to withdraw from publicly voting, particularly if they are located in a rural area. There is nothing to suggest that PLWHAs have lost the will to participate in political life. In fact, the majority of participants expressed a desire to participate but said they were constrained by attitudinal and structural factors. Structural factors included lack of transport, toilets, seating facilities and running water at polling stations. These results

**"I was sick and I could not walk".**

*Registered voter: rural African male, 18-24, Nongoma, South Africa*

are not representative of the opinions of all PLWHAs as only 68 people participated in the focus groups, but they are indicative of such attitudes and may have external validity. Results from the other six countries are still forthcoming.

### **CONCLUSIONS: the opportunity?**

There are a number of worrying revelations in this study: the large number of younger voters who have died in a space of five years in South Africa; the rise in deaths amongst the relatively younger MPs in Zambia and more generally the loss of representation due to deaths of elected leaders in other countries as well; the deep seated stigma and discrimination amongst the political elite in the several countries under study and finally the economic costs generated by HIV/AIDS through multiple by-elections all of which provide a strong basis to argue for new interventions to redress the situation. Such interventions will need to transcend traditional health approaches and in fact challenge us to deal with our democratic deficits in tandem with AIDS activities. In that sense, the following proposals and observations may serve to help countries absorb the shocks of HIV/AIDS as well as consolidate their electoral profiles:

1. There is a need to modify the FPTP system given its susceptibility to HIV/AIDS. This could mean either waiving the requirement for by-elections or adopting a PR system. This route is of course not as straight forward as it sounds. Adopting a PR system comes with concerns around poor accountability as MPs will not be directly elected by the people. The MMP provides some modicum of compromise but is itself quite vulnerable to by-elections as demonstrated by the case of Lesotho. Electoral reform is a long term enterprise requiring wide consultation through a constitutional review process and depending on how soon political actors can reach consensus on AIDS as one of the key threats to a sustainable democracy, it may be a while before we actually see any changes.<sup>vii</sup>
2. It is certain that there is no place for people living with HIV in leadership. The stigma and discrimination that is now known to exist amongst the political elite will require innovative approaches to deal with. Failure to address this situation may compromise the many efforts by AIDS Service Organisations aimed at building a strong leadership required to tackle the problem of AIDS.
3. The research suggests further that there are roles for the EMBs in the HIV/AIDS field. The impact of stigma and discrimination on participation, though only indicative in rural South Africa, deserves attention as it may be more extensive than this study suggests, with ramifications for the involvement of individuals infected and affected in politics. EMBs could assist by incorporating non-discriminatory messages in their voter education campaigns which encourage more people to participate in elections and be tolerant. Only the Zanzibar Electoral Commission used AIDS messages during the 2005 election in Tanzania. <sup>viii</sup> Setting up special voting mechanisms for the disadvantaged might also be a consideration, as is the case in South Africa.
4. Countries in Africa that do not have institutionalised and directly compatible citizen and voter registration systems will be unable to determine the extent to which HIV/AIDS has undermined their political institutions. This will impact on their electoral planning and more generally on their long term developmental visions.
5. While ART coverage has improved somewhat in the past three years, many experts agree that Africa will still struggle to reach universal coverage, owing to the huge investments required in the acquisition of drugs, upgrading of health infrastructure and stemming the exodus of health personnel to the wealthier Western countries.

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<sup>i</sup> Mattes (2003) explains that; *'The first fact has to do with economics. ... wealthier countries are far more likely to maintain democratic rule. Poor countries can, however, increase the prospects of democratic endurance if their economies grow steadily and if they reduce inequalities. ... The second has to do with political institutions. That is sustainable democracies require a professional civil service and strong viable and autonomous courts, legislatures, executives and electoral systems at national and local levels. ... The third factor has to do with the attitudes of rulers and citizens. Put simply, democracies require democrats'*

<sup>ii</sup> The central conceptual framework employed to address this question is anchored on the United Nations Development Programme (UNDP)'s concept of good or democratic governance, which more deliberately embraces human rights and democratic values as a foundation for dealing with HIV/AIDS. Idasa embellished this framework with elaborations of how it may be used in the context of HIV/AIDS more practicably based on the following indicators:

- UNDP 1: People's human rights and fundamental freedoms are respected, allowing them to live with dignity.*
- IDASA 1: A balance must be struck that respects the rights of those who are infected as well as the rights of those who are not. The individual's rights to secrecy about her HIV status and treatment against AIDS are as fundamental as her right to protection from HIV. Any political intervention that imposes on any of these rights must be legitimised through public deliberation and due legal process.**
- UNDP 2: People have a say in decisions that affect their lives.*
- IDASA 2: Policies on HIV/AIDS must be formulated and debated in a transparent process that allows people living with AIDS and other stakeholders extra opportunity for participation and influence. At the very least, the opportunity for people to choose between alternative political interventions as proposed by contending parties in free and fair elections is paramount.**
- UNDP 3: People can hold decision-makers accountable.*
- IDASA 3: Where decision-makers fail in fulfilling promises or implement inefficient policies in the fight against HIV/AIDS, those ultimately responsible must accept to stand down if their (in) actions have undermined their credibility in the eyes of the stakeholders or the public in general. A number of institutional arrangements can affect such accountability, of which free and fair democratic elections is the most common.**
- UNDP 4: Inclusive and fair rules, institutions and practices govern social interactions.*
- IDASA 4: Inclusive and fair rules, institutions and practices govern social interactions between those who are and those who are not infected and/or directly affected by HIV and AIDS.**
- UNDP 5: Women are equal partners with men in private and public spheres of life and decision-making.*
- IDASA 5: Due to being particularly vulnerable to the epidemic, women's experiences of being directly or indirectly affected by the epidemic must be prioritised in all decision-making.**
- UNDP 6: People are free from discrimination based on race, ethnicity, class, gender or any other attribute.*
- IDASA 6: HIV/AIDS is of no lesser concern or importance to society as a whole if it mainly affects one or more population segment that is relatively marginalised from power. As a means to reduce the stigma attached to HIV/AIDS, the right to non-discrimination for those living with the virus should be elevated to the same level as other fundamental rights given to other categories of the population.**
- UNDP 7: The needs of future generations are reflected in current practices.*
- IDASA 7: The different decisions on prioritisation of resources and rights that go into formulating HIV/AIDS policy must also take into consideration the needs of today's AIDS orphans and the sustainability of society beyond their generation.**
- UNDP 8: Economic and social policies are responsive to people's needs and aspirations.*



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- IDASA 8:** Government policy on HIV/AIDS must adapt in accordance with perceived incidence and estimated prevalence of HIV, and experienced illnesses and deaths from AIDS.
- UNDP 9:* Economic and social policies aim at eradicating poverty and expanding the choices that all people have in their lives.
- IDASA 9:** Government policy on HIV/AIDS must address also the structural problems that impact on the prevalence of HIV and reduce the receptiveness in people to treatment against AIDS. Only a person who has both information and realistic alternatives is truly empowered to change a behaviour that fuels the epidemic.

<sup>iii</sup> Before the release of the first research paper on this subject, Idasa had convened the Governance and AIDS Forum for Sub-Saharan Africa at Cape Town, April 2003, to comprehensively analyse the implications. The forum brought together senior representatives from 12 Southern African Development Community (SADC) countries Delegates came from the UNAIDS, UNDP, SADC Health Sector Coordinating Unit and SADC Parliamentary Forum, the Electoral Commission of SADC Countries, finance ministries and research institutions to discuss, analyze and seek solutions to the impact of HIV/AIDS on governance processes in Africa. Perhaps, not surprisingly, one of the key concerns raised by the Electoral Management Bodies (EMBs) and research institutions was the possible impact of HIV/AIDS on key areas of the electoral process and the absence of coping mechanisms in most African countries. The question of political stability and legitimacy hence became central to the understanding of how HIV/AIDS might challenge Africa's emerging democracies.

<sup>v</sup> Summarised from Chirambo; 2006: democratisation in the Age of HIV/AIDS: Understanding the Political Implications. Idasa.

<sup>vi</sup> The actual size of the voters' roll is not known due to discrepancies in both citizen and voter registration. Malawi does not have an established citizen registration and identification system and has therefore found it difficult to determine just how many of its people are of voting age. Malawi's voters' roll is hence not regularly updated. In 1999, a total of 5 071 822 voters were registered (national population of 11 million) and of these 2 417 713 were registered in the southern region, 1 975 203 in the central region and 678 906 in the northern region. However in April 2004, the MEC announced that 6 668 839 voters had registered for the May 18, 2004 presidential and parliamentary elections.<sup>vi</sup> These figures were challenged by opposition political parties and other institutions with the National Statistical Office taking the lead. It described the figure as "bogus" because it did not conform to the country's natural demographic trends. The result of Malawi's problematic voters' roll is a weak mandate for the new government and post-election conflict over outcomes. Malawi has been pre-occupied with impeachment tensions since the last presidential polls.

<sup>vii</sup> Andrew Reynolds et al (2005) spell out some criteria for electoral system design that take into account a number of important elements:

- **Providing representation:** That geographical representation, ideological divisions and party political situations must be taken into account in constructing an electoral system;
- **Elections must be accessible and meaningful:** People's votes must have a bearing on how the country is governed. Thus the choice of electoral system can influence the legitimacy of institutions;
- **Facilitating stable and efficient government:** The system must avoid discrimination against particular parties and interest groups; voters must perceive the system to be by and large fair;
- **Providing incentives for reconciliation:** Electoral systems must also serve as tools for conflict resolution within societies allowing for inclusivity of all ethnic and interest groups to the extent possible;
- **Holding the government accountable:** The system must facilitate accountability, which is the bedrock of democracy;
- **Encouraging political parties:** The system must be seen to encourage the growth of political parties - a key factor in the consolidation of democracy;
- **Promoting legislative opposition and oversight:** The electoral system should assist in ushering in a viable opposition which can exercise legislative oversight over government;
- **Taking into account international standards:** The system must embrace international covenants, instruments and treaties affecting political issues which form the principles of free, fair and periodic elections and which advance the principle of one person, one vote;
- **Making the election process sustainable:** The resources of a country must be taken into account. The availability of skills and financial resources are both paramount in operating an electoral system (Reynolds, et al, 2005).

The last point reminds us of the costs illustrated above and perhaps more succinctly points out why AIDS must be one the more serious factors we consider in re-designing our electoral models because it renders some electoral systems unsustainable.

<sup>viii</sup> Zanzibar and Tanganyika form one state under the Union of the Republic of Tanzania