

**“All the Voters Will Be Dead”:
HIV/AIDS and Democratic Legitimacy
and Stability in Africa**

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Abstract

HIV/AIDS is ravaging sub-Saharan Africa, with infection rates as high as 36 percent. At the same time, most of these countries have recently begun the democratization process and have only nascent democratic practices and institutions. This research explores the connection between HIV/AIDS and democratic legitimacy and stability in Africa by focusing on five of the six most-infected countries on the continent: Botswana, Lesotho, South Africa, Zambia and Zimbabwe. The results show that HIV/AIDS does have the potential to pose a major threat to democratic legitimacy and stability in the region due to three factors. First, cumbersome voter registration laws and the deaths of politically neutral civil servants who administer the elections increase the chances for electoral fraud. Second, the likely economic decline further imperils the chances of successful democratization, as positive links exist between economic development and democratization. Third, since those in their teens and 20s and the educated/professional classes have borne the brunt of the disease so far, their deaths will impinge upon the development of a vibrant civil society which can not only agitate for democratization, but also keep the government in check. The confluence of these three factors makes the impact of HIV/AIDS larger than any previously faced. This research demonstrates the need for aggressive, concerted efforts at HIV/AIDS prevention as a part of democratization programs, and how HIV/AIDS fits in with IFES' four pillars.

Amid the crowds and demonstrations during the 1997 elections in Kenya, a lone nurse on strike held aloft a sign. Instead demanding better pay or improved working conditions, this sign displayed a simple yet prescient message that addressed the frightening potential reality for many African states:

*“Don’t worry about the elections, all the voters will be dead.”*¹

With this sign, this nurse demonstrated one of the most basic, yet generally overlooked, connections in politics. There is an inexorable link between issues of health and political legitimacy and stability. In Africa, AIDS clearly demonstrates the reality of this connection. HIV/AIDS poses a serious potential threat to the democratic stability and legitimacy of African states.

Scholars have recently started emphasizing the explicit connections between the spread of infectious diseases and its impact on the course of history. Diseases have played a major role in wiping out indigenous populations and fragmenting political leadership. Europeans did not conquer the New World in a relatively short time because of their larger armies or cunning military skills. More often than not, military advances only became possible through the intervention of disease.² The impact of disease is not solely limited to colonial conquests. The Black Plague, which killed nearly one-third of the population of Europe during the 14th century, helped inaugurate popular uprisings and political reforms that led to the creation of the modern nation-state.³

Despite these historical connections, disease’s role in influencing the political structures in our own times has received little attention. We often assume that modern medical science has conquered epidemic-causing diseases like tuberculosis, smallpox and influenza, and can do the

¹ *The Economist (London)* 1998, 49

² See McNeill 1998 and Diamond 1999

³ Moore 1966, 5

same to any new diseases that come along. What's more, with the seeming triumph of democracy throughout the world, we believe that our governments are strong enough to survive the temporary setbacks that disease might introduce.

This is not the case. Infectious diseases account for higher morbidity and mortality levels in the 20th century than all the wars combined. In 1990 alone, disease killed 52 times more people than armed conflict.⁴ Few would doubt that war can have a major impact on state stability and government performance; high levels of disease can function in much the same way. In fact, governments all over the world have long recognized the potential devastation that could be wrought by infectious diseases. One need only look at the controversy surrounding biological weapons to find evidence of this point.⁵ Governments also recognize the loss of prestige and security that can accompany high levels of disease. Local governments around Conception Bay North in Newfoundland, Canada, strenuously opposed the Canadian Red Cross' decision in the mid-1990s to close the area's blood banks because of high HIV infection rates. Leaders feared this would harm efforts to promote tourism and economically revitalize the area.⁶ China refused for years to release accurate information on its rate of HIV infection and denied that AIDS was a problem until recently. However, the government still harasses activists who bring public attention to the disease because it makes the government appear negligent and unable to cope.⁷ At the same time, mad cow disease has brought to the surface tensions within the European Union and cooled some of the excitement for regional integration.⁸

Disease epidemics still occur in the world. Peru experienced a major cholera outbreak in 1991. E.coli, West Nile virus and flesh-eating bacteria entered our collective consciousness

⁴ Price-Smith 2001b, 165

⁵ Stern 2001, 84-5

⁶ *Maclean's* 17 April 1995, 16

⁷ *AIDS Weekly* 23-30 July 2001, 11

⁸ *Business Week* 19 March 2001, 60

during the 1990s after their respective outbreaks. Even diseases once thought conquered by science have returned with a vengeance. Malaria, tuberculosis and hepatitis have all resurfaced in alarmingly high proportions in recent years. Reports suggest that even smallpox, declared “wiped out” in 1980, may not have been eradicated after all.⁹ These re-emergent infectious diseases are increasingly resistant to drugs and more highly infectious due to genetic mutations and the overuse of medications. People are falling ill to diseases considered a thing of the past, and our attempts to heal them are increasingly futile.

For a democratic regime to be legitimate, its procedures for making and enforcing laws and rules must be acceptable to its subjects and considered the most appropriate for the society.¹⁰ A stable democratic system has five characteristics: a free and lively civil society, an autonomous political society, the rule of law, a usable state bureaucracy, and an institutionalized economic society.¹¹ Both legitimacy and stability are necessary for a state to consolidate its democracy.

The move toward consolidation, though, is by no means an inevitable process. Leaders elected under democratic rules may manipulate the rules in their favor. Military leaders may intervene in the political process for a variety of reasons. These pitfalls do not necessarily spell the end of democracy in a state. However, it does highlight the fragile nature of new democracies. Such states generally lack the stability and legitimacy of older democracies. Their institutions and practices are not yet ingrained enough to withstand repeated attacks. Citizens do not yet uniformly accept the rules of the game of democracy. Newly democratizing states therefore must spend a great deal of their energy and resources convincing their people that

⁹ Creehan 2001, 6-7

¹⁰ McLean 1995, 281

¹¹ Linz and Stepan 1996, 7

democracy is legitimate and will help ensure stability. Their low levels of state capacity mean that they have fewer resources to mobilize in order to adapt to crises.¹²

Democratic stability and legitimacy are already at a premium in Africa. Jackson and Rosberg write bluntly, “Black Africa’s forty-odd states are among the weakest in the world.”¹³ Political institutions and organizations are less developed in Africa than anywhere else in the world, and the continent has high levels of political instability. National governments in some states have only nominal control over their territory. Of the forty-five states in sub-Saharan Africa, twenty-four face severe danger from destabilizing political crises, and another fifteen face moderate danger.¹⁴

Disease relates to democratic legitimacy and stability in numerous ways. As an essential aspect of human development, “[p]eople must be free to exercise their choice and to participate in decision-making that affects their lives.”¹⁵ Democracy is central to these rights and freedoms crucial for human development. If people are falling ill or worrying about disease, they cannot effectively participate in those decisions that affect their lives. Tellingly, the only European states that failed to improve life expectancy during the 1960s and 1970s, a time of great advances in medical science, were the totalitarian, nondemocratic ones.¹⁶

Health measures are also reliable indicators of the type of regime within a particular country. A state’s infant mortality rate (IMR) is a valid predictor of that state’s level of democracy. States with higher infant mortality rates are also the states more likely to have nondemocratic political systems.¹⁷ The correlation between IMR and political stability is even

¹² Price-Smith 2001b, 170

¹³ Jackson and Rosberg 1982, 1

¹⁴ Gurr, Marshall and Khosla 2000, 6

¹⁵ UNDP 2001, 9

¹⁶ Alleyne 1995

¹⁷ Zweifel and Navia 2000, 99

more pronounced if the country in question has previous experience with some measure of democracy. While the linkage may be indirect, it is very real.¹⁸ Poor health, conversely, can create a threat to national stability as it can drastically reduce quality of life in a short amount of time and narrow the range of policy choices available to the government.¹⁹ It can also be an environmental stressor that provokes protests.²⁰ Outbreaks of political protest can suggest that a leader or a regime is facing a legitimacy crisis and that the regime is unstable.²¹ Often times, these threats are dealt with through increasing levels of repression and introducing of nondemocratic practices.

The statistics and projections for HIV/AIDS in Africa are mind-boggling. Sub-Saharan Africa as a whole has 25.3 million HIV-positive adults, representing 8.8 percent of its total population. It alone accounts for approximately 70 percent of all the HIV cases worldwide, and South Africa alone is home to nearly 17 percent of the world's HIV-positive persons.²² Individual countries have infection rates reaching as high as 36 percent. South Africa's adult infection rate could hit 27 percent in the next nine years,²³ and projections estimate that Zambia will have 1.24 million HIV-positive people by 2014 in a country of roughly 10 million.²⁴ The impact on today's youth in Africa is even greater. Two-thirds of today's 15 year-olds in Botswana will die from AIDS, while one-half of 15 year-olds in Zimbabwe and South Africa will meet the same fate.²⁵

The statistics that appear in Table 1 below provide basic information about the infection levels in Botswana, Lesotho, South Africa, Zambia and Zimbabwe.

¹⁸ Gordon 2000, 5

¹⁹ Ullman 1995, 19

²⁰ Gurr and Moore 1997, 1084-5

²¹ Bratton and van de Walle 1997, 128

²² UNAIDS/WHO 2000, 5

²³ Abt Associates and LoveLife 2000, 6

²⁴ Ministry of Health/Central Board of Health (Zambia) 1999, 27

²⁵ UNAIDS 27 June 2000

Table 1. Basic Statistics about HIV/AIDS in Five Countries

| | Number/% of Adult Population HIV + | Number/% of Women HIV+ | % of Population between 15 and 29 | Number of AIDS deaths, 1999 | Predicted life expectancy w/o AIDS, 2000 | Actual life expectancy with AIDS, 2000 |
|-------------------------|---|---------------------------------------|--|--|---|---|
| Botswana | 290,000 35.8% | 150,000 53.6% | 30.8% | 24,000 | 62 | 40 |
| Lesotho | 240,000 23.6% | 130,000 54.2% | 27.8% | 16,000 | 62 | 54 |
| South Africa | 4,200,000 19.9% | 2,300,000 56.1% | 29.0% | 250,000 | 65 | 56 |
| Zambia | 870,000 19.9% | 450,000 54.2% | 30.6% | 99,000 | 56 | 37 |
| Zimbabwe | 1,500,000 25.1% | 800,000 57.1% | 33.1% | 16,000 | 65 | 39 |

Sources: African Development Forum 2000, UNAIDS/WHO 2000, US Bureau of Census 1999, 2000

Recent evidence suggests that infection rates are stabilizing or even declining in Africa. New infections in 2000 numbered 3.8 million, down from 4 million the previous year. However, this may represent less the success of intervention programs and more the stark reality that the majority of those most vulnerable to the disease have already been infected. As this group re-populates itself, infection rates will again increase.²⁶ This same situation appears to be playing itself out in the United States.²⁷ Even if rates stabilize or decrease now, Africa still faces an entire generation of people and decades of development that are essentially lost because HIV/AIDS' impact works as an attrition process. Instead of an influenza epidemic, which kills quickly, runs its course and then disappears, an attrition process is slower and more long-term. The morbidity and mortality rates are higher with attrition processes, and long-term social and economic erosion becomes increasingly likely.²⁸

²⁶ Levin et al. 2001

²⁷ *Washington Post* 14 August 2001

²⁸ Price-Smith 1998, 15

Given their already weak position, AIDS potentially threatens to undermine the democratic legitimacy and stability of African states. The countries successfully combating HIV/AIDS have demonstrated high-level political commitments and consensus.²⁹ If a state lacks stability and/or legitimacy, it is difficult to enact relatively simple policies. The level of agreement necessary for successful HIV/AIDS policies therefore proves nearly impossible to attain. Further, AIDS can exacerbate social cleavages because it is primarily a behaviorally-transmitted disease.³⁰ Groups may turn against one another, blaming the other for introducing or spreading the disease. Given the arbitrary and unchanged boundaries that brought antagonistic groups together in the same polity and the tensions therein³¹, the potential for conflict multiplies.

High levels of infectious diseases also undermine the ability of a state to effectively govern by increasing institutional fragility. That fragility undermines the ability to establish a stable democracy. When government ministers or the civil servants who carry out their programs fall ill and die from disease, the lack of continuity threatens the government's ability to provide services. At least three government ministers in Zimbabwe have succumbed to AIDS in recent years,³² and Chenjerai Hunzvi, the leader of Zimbabwe's war veterans and a key ally of President Robert Mugabe, is widely believed to have died of AIDS.³³ Regardless of one's opinion about how democratic Zimbabwe actually is, it is a fact that the loss of government officials makes consistent governance more difficult and the government increasingly fragile.

The AIDS crisis in Africa poses a severe demographic threat, too. AIDS has the potential to cause the first sustained disease-induced population decrease since the Black Plague.

Botswana, South Africa, Zambia, Zimbabwe, Lesotho, Namibia and Swaziland face this

²⁹ International Crisis Group 2001, 25

³⁰ Glasgow and Pirages 2001, 207-8

³¹ Herbst 1989, 674

³² Price-Smith 1998, 9

³³ *Mail and Guardian* 5 June 2001

possibility by 2003, and it would take at least 50 years to return to a normal demographic situation.³⁴ Even if AIDS does not decrease the absolute populations of African states, it will shift the demographic distributions within states. More and more people will be concentrated among the young and the old, with fewer people in the middle to support them.³⁵ This could lead to greater demands for social services being placed on governments which already find themselves stretched too thin caring for AIDS patients.

One must bear in mind that the effects of HIV/AIDS on democratic stability and legitimacy, while real, are often times indirect. It is not necessarily HIV/AIDS per se that will cause the problems that follow. Instead, HIV/AIDS disrupts the mechanisms that support elections, economic growth and civil society, among others. In this way, the threats posed by HIV/AIDS are akin to those posed by environmental scarcity and degradation on state security.³⁶ This indirect nature does not diminish the threat, though; if anything, it makes it that much more insidious. Ullman observes, “The less apparent a security threat may be... the more that preparations to meet it are likely to be the subject of political controversy.”³⁷ It is harder to target a threat which works through other channels.

HIV/AIDS potentially poses a major threat to democratic stability and legitimacy in sub-Saharan Africa. If HIV/AIDS infection rates rise, then democratic stability and legitimacy are further threatened. Three factors account for this. First, burdensome voter registration requirements and the loss of skilled, nonpartisan bureaucrats to supervise elections will threaten the impartial administration of elections and make electoral fraud more likely. Second, the likely economic depreciation from HIV/AIDS further imperils the chances of successful

³⁴ *BBC News* 10 July 2000

³⁵ Loewenson and Whiteside 1997, 6-7

³⁶ See Barbier and Homer-Dixon 1996

³⁷ Ullman 1995, 21

democratization, as economic development has been repeatedly linked to democratization. Third, since those in their teens and 20s and the educated/professional classes have borne the brunt of the disease thus far, their deaths will impinge upon the development of a vibrant civil society which can not only agitate for democratization, but also keep the government in check. The unique confluence of these three factors, which have existed at various times throughout the region, make the impact of HIV/AIDS larger than any previously faced.

Data and Methodology

This research focuses on five countries in sub-Saharan Africa: Botswana, Lesotho, South Africa, Zambia and Zimbabwe. These five countries were chosen because they have five of the six highest infection rates in Africa, ranging between 20 and 36 percent of their adult populations.³⁸ All five are also at least nominally democratic, having held regular elections in the past 10 years and allowing some modicum of multiparty competition. Therefore, these countries allow us to explore the impact of HIV/AIDS in those countries most likely to have their democratic stability and legitimacy challenged. At the same time, the information learned from these countries can act as a bellwether for countries that have not yet experienced severe AIDS epidemics.

Some may object that the cases represented here reflect selecting on the dependent variable; that is, these five cases were chosen because they exhibit a particular range of characteristics of democratic legitimacy and stability. However, Homer-Dixon points out that in some instances, where the phenomenon being investigated is extraordinarily complex range, it is most appropriate to select cases based on both the independent and dependent variable.³⁹ The

³⁸ Swaziland, with a 25 percent infection rate, has Africa's second-highest infection rate. However, as it is a monarchy and banned political parties, the impact of HIV/AIDS on its regime's legitimacy and stability will not necessarily be comparable to the experiences of democracies.

³⁹ Homer-Dixon 1995, 2

loss of democratic legitimacy and stability has numerous causes and certainly qualifies as a complex phenomenon. This level of complexity requires us not to find one all-important variable. Instead, we want to see if HIV/AIDS can be an important cause of the change in democratic legitimacy and stability. Therefore, choosing the five democracies with the highest rates of infection in sub-Saharan Africa to explore the links between HIV/AIDS and political legitimacy and stability is entirely appropriate.

Electoral Administration

Elections have received more attention than any other aspect of democratization. Some analysts, like Samuel Huntington, have gone so far as define democracy solely in terms of elections.⁴⁰ While others decry such moves, no serious scholar of democratization would deny elections a central place in the definition of democracy. Given all this emphasis, it is puzzling that issues of electoral administration have received almost no attention in democratization studies. This omission becomes all the more vexing when we realize that the rules established for elections play a major role in effectively franchising or disenfranchising potential voters. Voter registration and electoral administration rules involve significant trade-offs between investments of time, money and effort.⁴¹ However, the trade-offs that governments choose to make reflect their attachments to holding free and fair democratic elections. If democracy means that people have an opportunity to have a voice in decisions that affect their lives, the rules of electoral administration are the mechanism for realizing that opportunity. These rules can engender the legitimacy necessary for newly-established democracies to survive.⁴² Open laws show a commitment to democracy and the inclusion of the populace. By doing so, they facilitate elite consensus and public widespread support for democracy. Both are crucial for democratic

⁴⁰ Huntington 1993

⁴¹ Kimberling 1991, 14

⁴² Elklit and Reynolds 2000, 2-3

legitimacy and stability.⁴³ More importantly, voter registration laws and the maintenance of the voter rolls provide a tangible sign of the government's intention to conduct free and fair elections.⁴⁴ Governments that have a weak attachment to democracy will not have the motivation to maintain accurate voter rolls.

Botswana, Lesotho, South Africa, Zambia and Zimbabwe require potential voters to register prior to the elections themselves, as do most countries throughout the world. Additionally, all five require voters to be at least 18 and citizens, either officially or by common-law and deny registration to those deemed legally unfit. Generally, this provision bars registration by the insane and prisoners. South Africa, though, does allow prisoners to register and vote.⁴⁵ From that point on, though, the rules and regulations vary widely. This variation has a great impact on how HIV/AIDS will impact voter rolls.

In Botswana, registration occurs whenever constituencies are delimited or the President believes it necessary to hold a general registration period. Registration takes place at the polling stations, and voters are required to register at the location at which they will cast their ballots. Voters may also register at their constituency offices.⁴⁶ Upon registration, the applicant is issued a voter registration card by the Independent Electoral Commission, which must be presented at the time of voting.⁴⁷ In Lesotho, a person must register to vote within 60 days of being qualified to do so, though voting itself is not mandatory. General voter registration periods occur for short periods prior to the general elections, and voters may register and vote in their hometown, their current residence or the town in which they are employed.⁴⁸ Additionally, Lesotho's registration

⁴³ Barkan 1997, 7

⁴⁴ African Elections Administrators Conference 1994, 31

⁴⁵ Electoral Institute of South Africa 1999, 18-9

⁴⁶ *Electoral Act, 1984 (Botswana)*

⁴⁷ Election Commissions Forum of SADC 2001

⁴⁸ *National Assembly Elections Order of 1992, as of 31 May 1997 (Lesotho)*

period can close over a year before the elections themselves actually occur. In 1997, the country started its voter rolls over from scratch to allow newly-enfranchised 18-to-21 year-olds to register and to distribute new voter identification cards to all registrants.⁴⁹ This year, Lesotho will again require that all voters re-register and be fingerprinted to avoid fraud.⁵⁰ South Africa's voter rolls were created in 1998, with the first common roll being published prior to the 1999 general elections. Registrants must possess a bar-coded identification card from the Department of Home Affairs.⁵¹ This identification card must also be presented before a person may vote. Voters must register in the constituency in which they ordinarily reside.⁵² Those who wish to register to vote in Zimbabwe must have a national identification card and proof of residence before registering at the constituency registrar's office. While registration can take place throughout the year, the President can, at his or her will, call for a complete re-registration. Voters must present an up-to-date voter registration card to cast a ballot on election day.⁵³ Of the five states, though, Zambia's voter registration laws contain the most difficulty. First, voters must possess a national registration card.⁵⁴ However, these cards must be obtained in person, can only be obtained from a few locations in the country and require at least two trips—one to register for the card, and another to pick it up. Many of these registration cards therefore go uncollected, effectively disenfranchising these people.⁵⁵ After these multiple trips to obtain the necessary registration cards, voters must then travel to offices designated by the Electoral Commission of Zambia to actually register. Both the national registration and voter registration cards must be presented before a person is allowed to vote. Further, the registration period for

⁴⁹ Commonwealth Observer Mission 1998

⁵⁰ Pottie 2001

⁵¹ Electoral Institute of South Africa 1999, 18

⁵² *Electoral Act 1998 (South Africa)*

⁵³ *Electoral Act, 1992 (Zimbabwe)*

⁵⁴ *Electoral Act, 1991 (Zambia)*

⁵⁵ Human Rights Watch 1996, 37-42

the elections can be cut off up to one year before the elections, after which no alterations of the voter rolls may occur.⁵⁶ During the most recent voter registration period, few registration sites had the materials or personnel necessary to register voters.⁵⁷ Therefore, even if someone had navigated the many steps to acquire their registration card and traveled to their polling site, they could not register to vote.

In Botswana and Lesotho, applicants who are unable to register to vote themselves due to illness may have the local registration officer register for them.⁵⁸ On the surface, this would appear to get around the problems posed by HIV/AIDS and an inability to travel. However, if the registration officer registers a voter, that voter must be present and have a witness. If a person is already too ill to travel to register, the chances of their being able to travel with another person, just so the registration officer can fill in the form for them, are incredibly low. Ideally, enumerators could travel door-to-door to register these voters. Given the short length of time most countries allow for general registration, coupled with the severe lack of skilled personnel able to perform such a task, this option is unrealistic. In reality, the solution offered poses just as much of a problem as it claims to solve.

The impact of voter registration laws for states with high levels of HIV/AIDS could be tremendous. By requiring multiple trips and multiple forms of identification for registration, people with HIV/AIDS will be at a great disadvantage, as their illness can make it difficult for them to make any long journey, let alone multiple ones. These rules not only affect those with AIDS, but also those people caring for the sick. While recent attempts to create or update voter rolls in Lesotho and South Africa are admirable, they, too, run the risk of disenfranchising AIDS sufferers. Complete re-registration before every election makes it less likely that people with

⁵⁶ National Democratic Institute and Carter Center 1992, 5

⁵⁷ *The Post (Lusaka)* 29 June 2001

⁵⁸ *Electoral Act 1984 (Botswana), National Assembly Election Order 1992 as of 31 May 1997 (Lesotho)*

AIDS and their caretakers will be able to maintain up-to-date registration. A person is unlikely to be able to take a few days off to travel to register to vote. If someone is not registered, they cannot vote. Thus, burdensome registration requirements could effectively prevent large segments of the populations of some countries from having the option of exercising their right to vote. The voter registration laws in Zambia pose the most significant barriers to people with HIV, effectively disenfranchising large segments of the population. Those states with less burdensome requirements will increase the chances of more people being able to register and participate in their democracies. Registration rules are of the utmost importance for voting. Mozaffar reminds us, “To produce democracy is to craft institutions. To craft institutions is to design rules that... authorize the restrained exercise of power in public life by *both* the governors and the governed.”⁵⁹ These rules should prevent egregious misconduct by the government and allow the people a constructive avenue for voicing their opinions. Building democracy in Africa needs institutions with firm and fair rules supporting them. Such rules demonstrate a commitment on the part of these governments to maintain the franchise for as many people as possible. When AIDS challenges the effectiveness of these rules, the state’s democracy as a whole feels the consequences.

Once people register to vote, those voter rolls must be kept up-to-date. As important as it is to make sure all those qualified appear on the rolls, it is equally important to make sure that the names of dead voters are regularly and efficiently removed. With these five states facing high death rates, this updating becomes even more important. In most countries, registration officials receive word about deaths from hospitals and morgues and subsequently remove those voters from the list. Zimbabwe, though, has a different system. The names of voters thought to be dead are published in the *Government Gazette*, with a notice that their names are about to be purged

⁵⁹ Mozaffar 1998, 83

from the rolls. Those listed on the rolls have a specified length of time to appeal this decision before their names are removed. However, this process is by no means automatic. During the 2000 legislative elections, an estimated 10 to 25 percent of the people on the voter rolls were actually dead.⁶⁰ Therefore, hundreds of thousands of names actually represent ‘ghost voters.’ These ghost voters could be employed by the government to artificially inflate vote totals, either to prevent the defeat of a ruling party candidate or to make a candidate’s victory appear even more convincing. Both measures could effectively quash attempts to build up an opposition movement. Thus, the creation of an autonomous political society and the adherence to the rule of law are both violated—further hampering the creation of a consolidated democracy.

With the high levels of HIV infection and the predicted increases in deaths from AIDS in the next few years, this situation will likely become more acute. Jennifer Widner notes, “The largest cohort of voters in most countries in the 18 to 30 age group—the youth.”⁶¹ Table 1 shows that roughly one-third the population of these five countries fall in this age range. Unfortunately, this cohort is also the group most at risk of falling ill from HIV/AIDS. Without some sort of change, poor maintenance of voter rolls will only serve to further undermine the legitimacy of these elections. If the elections lack legitimacy, the regime of democracy itself may lose legitimacy.

Another important, yet often ignored, aspect of elections is their cost. Elections are not cheap. The South African elections in 1994 cost US\$200 million, which works out to US\$11.34 per vote. The 1999 elections were even more costly, with the registration exercises alone costing US\$120 million.⁶² Registration for the next elections in Lesotho is estimated to cost US\$8

⁶⁰ *New York Times* 23 June 2000

⁶¹ Widner 1997, 72

⁶² Ottaway and Chung 1999, 102-4

million.⁶³ If every eligible Basotho registered, this cost would work out to US\$6.35 per person—and that does not include the costs of the actual elections themselves, expected in 2002 or 2003.

Some may object that the cost of these elections reflect the high costs of setting up a new political system and will decrease with time. However, this is not necessarily the case. Botswana's Independent Election Commission reported that its 1999 elections cost P19,000,000, or approximately US\$3.3 million at current exchange rates.⁶⁴ This gives a cost of US\$7.18 per registered voter, with each vote costing US\$9.31. These high costs came for the seventh post-independence election in Africa's longest-standing democracy. The Zambian government has budgeted US\$25 million to cover the scheduled 2001 presidential elections, the third during the Third Republic.⁶⁵ If the turnout for this election is the same as the 1996 election, the cost per vote comes to a staggering US\$18.78! If anything, costs appear to remain constant, if not increase, during subsequent elections.

The cost of these elections relates to HIV/AIDS and democratic legitimacy and stability in two manners. First, AIDS places enormous strains on the budgets in these countries. With health care costs threatening to eat up increasing amounts of national budgets, money allocated for elections could be a casualty. Instead of funding elections on their own, states will have to rely on foreign donors increasingly to finance their elections.⁶⁶ This move can be problematic because donor funds often come with conditionality. The European Union earlier this year announced that it would refuse to provide aid for Zambia's presidential elections because of

⁶³ da Silva 2001

⁶⁴ Independent Election Commission (Botswana) 1999, 12

⁶⁵ South African Press Association, 12 February 2001

⁶⁶ Ottaway and Chung 1999, 104

human rights violations.⁶⁷ While these conditions may have good intentions, they only serve to further increase the chances of governments adopting nondemocratic practices. The elections, if held at all, will likely suffer in quality and have fewer safeguards to ensure they comply with the standards of free and fair elections because of a lack of funds. The result will be elections in which the populace has no faith in the results and therefore no faith in the legitimacy of the government that supposedly ‘won’ the election. Second, donor fatigue is an increasingly real problem. The international donor community is increasingly reluctant to give larger amounts of money for HIV/AIDS as the realities of the long-term nature of HIV/AIDS becomes more and more apparent.⁶⁸ While funding for AIDS has risen slightly in recent years, states often fund the increased budgets for AIDS programs at the expense of overseas development assistance (ODA)⁶⁹—the same money used to pay for elections. Donor nations also show less willingness to fund subsequent elections. First elections in the transition to democracy are flashy and precedent-setting. Subsequent elections are less spectacular and hold less allure for donor states. The donors often assume that, if they pick up the tab for the first election, states will fund future elections entirely on their own.⁷⁰ A lack of funds is directly related to poor quality of elections.⁷¹ If dependent states must entirely finance elections on their own, the chances of those elections being free and fair significantly declines. As the costs of AIDS continue to skyrocket, and recipient nations make increasing demands on donors to fund both AIDS and election-related costs, one of the two will invariably lose out. If elections lose out, we face a return to nondemocratic practices taking hold again in sub-Saharan Africa. If AIDS loses out, the

⁶⁷ South African Press Association, 12 February 2001

⁶⁸ Marble 1995, 2

⁶⁹ UNAIDS 1999, 7

⁷⁰ Ottaway and Chung 1999, 101

⁷¹ Elkit and Reynolds 2000, 17-26

elections themselves will matter very little for, as the striking nurse pointed out, the voters will be dead.

The civil service that administers elections also faces severe challenges due to HIV/AIDS. A capable civil service helps promote democracy by administering the rule of law impartially and eliminating the arbitrariness of patronage politics.⁷² Independence, impartiality and competence are hallmarks of successful election administration.⁷³ By remaining apolitical, people have faith in the civil service to objectively interpret the rules that govern who can run for office, who can vote and how the voting process occurs. More important than the size of bureaucracy is its reputation for honesty, professionalism and responsiveness.⁷⁴ Unfortunately, the civil service in these countries faces the same challenges as the rest of society. In South Africa, AIDS is expected to become the leading cause of death among civil servants by 2002. By 2012, between 228,000 and 253,000 civil servants will have died from the disease. Despite this looming crisis, few AIDS prevention programs exist within the ministries and government offices.⁷⁵

The civil service's losses will affect the conduct of elections. Without trained election officials, maintaining the integrity of the election process will be challenged. Fewer resources will be available to ensure that voter rolls are kept up-to-date. Keeping current voter rolls is increasingly important as death rates increase and the chances for fraud rise. With civil servants dying and a paucity of people to replace them, the professional and meritocratic nature of the civil service could be undermined. Government supporters could take the place of impartial and professional civil servants. Seats on electoral commissions could become patronage awards for

⁷² Bratton and van de Walle 1999, 249-50

⁷³ Baxter 1997, 34

⁷⁴ Goldsmith 1999, 521

⁷⁵ *Business Day (Johannesburg)* 29 June 2001

loyal party supporters. This would give the government yet another opportunity to manipulate the electoral laws to prevent opposition parties from winning elections or gaining a foothold in society.

Thus, HIV/AIDS will potentially have a major impact on the administration of elections in Botswana, Lesotho, South Africa, Zambia and Zimbabwe. First, burdensome voter registration rules serve to prevent HIV-positive persons and their families from registering to vote. Given the high number of people that would fall under this category, the legitimacy of the elections would be threatened. Second, lax regulations about the removal of dead voters introduces a huge number of ‘ghost voters,’ who may be manipulated by ruling parties to prevent opposition movements from winning seats or gaining a foothold in an autonomous political society. Third, the high cost of elections comes into direct competition with the high costs associated with HIV/AIDS. If either of these loses out, democratic legitimacy and stability are potentially threatened. Fourth, the loss of the impartial civil servants who administer the elections creates yet another opportunity for political cronies to manipulate the political process.

Electoral administration problems are not new to Africa, and they have presented a challenge to democratic stability and legitimacy in previous times as well. What makes these problems so pertinent now is the scope of electoral administration problems HIV/AIDS presents and their occurrence in conjunction with the other two factors cited earlier.

Economic Decline

Democracy has long been associated with economic development. Scholars have even called positive economic development a requisite for democracy.⁷⁶ Recent quantitative analysis,

⁷⁶ See Lipset 1959 and Dahl 1989

combined with qualitative analyses, convincingly demonstrate that economic development has a positive correlation with democracy.⁷⁷ Gordon notes,

In Africa, the return to economic growth has been inextricably linked to political reform...those countries which have made the strongest commitment to democracy and the rule of law—Botswana, Mauritius, South Africa and Ghana—have been among the most successful in attracting foreign direct investment to their non-mineral sectors.⁷⁸

These findings, though, have led to confusion as to which comes first: does economic development cause democracy, or does democracy cause economic development? The age-old “chicken or the egg” question haunts us. Using quantitative analysis and Granger causality tests⁷⁹, Burkhart and Lewis-Beck show that democracy does not cause economic development. Instead, economic development appears to ‘cause’ democracy.⁸⁰ Bratton and van de Walle make the connection between the two more subtle. They argue that economic conditions do not impact the conditions which lead to the *installation* of a democratic regime. However, economic conditions do play a large role in the *consolidation* of that democratic regime.⁸¹ Democracy may not need economic development to state, but economic development is necessary if democracy is to get off the ground and survive.

Health and disease have a function in understanding rates of economic growth. The taming of a state’s morbidity and mortality rates is central to driving state prosperity and economic strength. The proliferation of infectious diseases poses a significant threat to

⁷⁷ Burkhart and Lewis-Beck 1994, 904

⁷⁸ Gordon 1998

⁷⁹ According to Granger causality tests, if X causes Y, then past values of X should assist in predicting the value of Y. Y, though, should not assist us in predicting X’s value. See Burkhart and Lewis-Beck 1997, 907

⁸⁰ Burkhart and Lewis-Beck 1994, 907

⁸¹ Bratton and van de Walle 1997, 219

economic development and state stability.⁸² High levels of illness mean that fewer people will be working, and those that are working will likely have lower levels of productivity.

AIDS is no different. The leading economic indicators are negatively affected, as gross domestic product, productivity and per capita income all decline. Concurrently, the incentive to invest in education also declines, as it is seen as a waste to spend money on people who will be unable to positively benefit the society.⁸³ This hampers future productivity and economic growth. As its rate of incidence increases, economic development is increasingly threatened, which in turn threatens the chances for democracy within these states.

Poor economic performance by African governments has made many of them susceptible to negative political consequences because of the politicization of economic decisions in neopatrimonial regimes. Neopatrimonial regimes vest political authority in one leader who rules through allocating offices or economic resources to bureaucrats and the public at large. The leaders then allocate jobs and resources so as to maintain stability above all else. Political power is the “private prebend” of the leaders, allowing them to allocate resources during times of material scarcity, maintaining their power base.⁸⁴ This arrangement aptly characterizes many African states prior to the initial steps toward democratization.⁸⁵ When economic performance declined, so too did the political legitimacy and stability of these regimes.⁸⁶ In the transition from neopatrimonialism, economic success is even more important. Since many transitions to democracy were prefaced on the ability of the new regime to better provide for all citizens, poor economic performance threatens democratization.

⁸² Price-Smith 2001a, 117

⁸³ Price-Smith 1998, 7

⁸⁴ Hawthorn 1996, 18-9

⁸⁵ Barkan 2000, 230

⁸⁶ Bates 1994, 13-28

Before delving too far into economic projections, an important caveat must be made. Figuring out the impact of HIV/AIDS on economic performance is an incredibly difficult task. Long-term economic and population modeling require numerous assumptions that will greatly impact the results generated. For example, the impact of the disease on the economy will change if it primarily impacts skilled-labor sectors as opposed to unskilled-labor fields. Predicting exactly how the course of the disease will play out is nearly impossible to determine. Despite these limitations, these projections and models give us a ‘best guess’ from which to start analyses.

Most projections predict that AIDS will reduce economic growth in Botswana, Lesotho, South Africa, Zambia and Zimbabwe over the next 20 years. The rate of economic growth is estimated to be 25 percent less in 2017 than it would have been without AIDS. This decline is further compounded by attendant poverty, high debt ratios and skewed income distribution.⁸⁷ Further complicating the process is the impact on the labor market, which could shrink by as much as 20 percent. Given that most African nations lack surpluses of skilled labor,⁸⁸ this situation becomes even more severe. Few people can step into skilled labor positions, meaning that training costs will increase while productivity decreases. The average age of those workers in the market will decrease by 4 years, meaning that those still in the market have less experience and training. At the same time, training costs will likely increase fivefold.⁸⁹

Individual households also face serious economic consequences from AIDS. Annual household revenue will decrease by 75 percent in the countries most affected by the disease.⁹⁰ Due to cuts in health care budgets and the imposition of user fees, families need to pay more for

⁸⁷ Loewenson and Whiteside 1997, 16-20

⁸⁸ Ministry of Health/Central Board of Health (Zambia) 1999, 45

⁸⁹ Loewenson and Whiteside 1997, 20-22

⁹⁰ Price-Smith 2001a, 121

services while receiving less of an income. To make up for the loss of income, family members will often turn to risky ventures, such as commercial sex work. While this does provide an income, it both exposes the person to infection and further hampers intervention and prevention efforts. When someone is desperate for money for basic survival, their social and economic realities make it increasingly unlikely that they will follow prevention guidelines.⁹¹

Gross domestic product growth rates will likely decrease 0.3 to 0.4 percent per year.⁹² The gross national products for these countries could be as much as 14.4 percent smaller by 2005 than otherwise expected.⁹³ These two factors could prove a serious impediment to achieving states' development objectives.

What are the results of these negative economic consequences? States face losing years of economic and political progress. Price-Smith cites a study done by Bloom et al. in 1992, which found that Zambia had already lost 10 years of development, while Zimbabwe had lost 5 years by that point. These levels, though, have certainly increased in the nine years since the study was originally conducted.⁹⁴ The lowered life expectancies shown on Table 1 are generally lower than those at independence for these five states. The lost development could easily have serious political consequences for the political regimes in these countries. Zambia provides an excellent case in point. When the Bloom study was conducted, Zambia had just returned to multiparty democracy by voting Kenneth Kaunda out of office and replacing him with Frederick Chiluba, who promised to reverse the country's declining economic fortunes. Zambians demanded a multiparty democratic regime because the old regime had lost its legitimacy due to

⁹¹ Collins and Rau 2000, 2

⁹² Abt Associates and LoveLife 2000, 15

⁹³ Copson 2001, 4

⁹⁴ Price-Smith 2001a, 142-3

poor economic performance. There is no reason to assume that the same could not happen with the losses caused by AIDS now and in the near future.

HIV infection rates are generally associated with poverty. Poor states have higher rates of infection. Sub-Saharan Africa requires a more nuanced understanding this assumption. Southern Africa has the highest per capita income on the continent, yet it also has the highest infection rate in the world.⁹⁵ To compound this paradox, it has been noted that AIDS in sub-Saharan Africa has initially had a greater impact on the middle class. Why this seeming contradiction? In some ways, it reflects southern Africa being a victim of its own success. Rapid economic growth often brings accompanying ills, which Szepter calls the Four D's: disruption, deprivation, disease and death.⁹⁶ Quick growth disrupts traditional norms as the culture and the people within it cannot adapt quickly enough to the changes. This growth also tends to skew income distribution and change distribution patterns. Disease follows because people cannot afford to pay for medical care and because people moving to cities are exposed to new diseases which fester in unsanitary conditions that often accompany rapid urban growth. At the same time, increased wealth allows people to purchase sex or serve as "sugar daddies" to induce young girls to sleep with them, further spreading disease. Increased disease rates then lead to rising death rates within the society.

Such a situation has played itself out in southern Africa, thanks in large part to mineral wealth. Botswana, from its independence through the 1990s, was one of the world's fastest growing economies thanks to its diamond mines and prudent investment decisions. Huge copper reserves in Zambia gave that country early economic success. South Africa has long possessed a strong industrial base which allowed it to compete on international markets. Zimbabwe was a

⁹⁵ AfricaNow! 2001, 26

⁹⁶ Szepter 2001, 77

favorite investment site in southern Africa during the apartheid era. Lesotho benefited from South Africa's mining operations, as many men from Lesotho worked in those mines and would send their remittances home. The region as a whole experienced tremendous economic growth, and a highly-developed infrastructure and mobile populations followed. This growth and its attendant results, though, have led to the arrival of Szepter's Four D's. Southern Africa's good fortune of attracting foreign investment and developing its own resources might have, perversely, indirectly led to the region becoming the epicenter of the AIDS epidemic.

Economic projections generally assume that the economic systems in these countries will generally continue to function, albeit at depressed levels. In fact, Cohen points out that AIDS could disrupt the economic system itself.⁹⁷ The impact of AIDS could be large enough to upset the entire system and precipitate an economic meltdown. This could precipitate structural collapse and possibly put the future of the state itself in jeopardy. If this does come to pass, the poor economic picture AIDS paints for southern Africa could then become much worse.

Because of these poor economic conditions, countries will need higher levels of foreign assistance to maintain themselves. Zimbabwe's need for foreign assistance alone will increase by 27 percent in the next few years because of AIDS.⁹⁸ Unfortunately, this need for increased aid comes at the same time that overseas development aid (ODA) is on a downward trend. Such a situation compounds the donor fatigue noted earlier. Where funds available for HIV/AIDS are increasing, this often comes at the expense of ODA as a whole.⁹⁹ Further, while the absolute funding levels for HIV/AIDS have increased recently, their relative levels are sharply decreasing and not keeping pace with the spread of the disease.¹⁰⁰ ODA funds available per HIV-positive

⁹⁷ Cohen 1997, 5

⁹⁸ Bollinger et al. 1999, 12-13

⁹⁹ UNAIDS 1999, 8-9

¹⁰⁰ Ibid. 5

person have declined over 50 percent between 1988 and 1997.¹⁰¹ Those funds coming in from donor nations are not necessarily targeting the states and sectors needing these monies the most. A UNAIDS survey of donor nations found that most considered their own sectoral and geographic priorities over the severity of the epidemic when allocating HIV/AIDS funds.¹⁰² Already marginalized states therefore become even more marginalized.

The conditionality that comes along with many foreign donor sources also weakens the legitimacy of the recipient nations. States are required to undertake cost-cutting and policy-making measures in order to receive the funds. Since these states need these funds, they often acquiesce to the conditions. This, though, weakens their domestic standing. The leaders lose some of their legitimacy because they are no longer seen as being fully in charge of their policymaking.¹⁰³ If cuts affect areas like health care and education, sectors crucial for successful AIDS prevention, they may make the epidemic worse and increase dependency. This disrupts the regime and can place it in danger of becoming unstable.

While these funds are decreasing, the costs of combating HIV/AIDS are increasing. Because of differing accounting practices and reporting discrepancies, it is nearly impossible to determine how much money is spent on HIV/AIDS programs in the five countries. Current estimates state that between US\$300 and 500 million are spent on HIV/AIDS in sub-Saharan Africa as a whole.¹⁰⁴ This amount is only 10 percent of the amount needed to combat the disease. Approximately US\$3 to 4 billion will be needed annually for the next ten years in order to effectively combat AIDS, according to the United Nations.¹⁰⁵ More recent estimates place the

¹⁰¹ Ibid. 12

¹⁰² Ibid. 16

¹⁰³ Bratton and van de Walle 1997, 132-3

¹⁰⁴ UNAIDS 27 June 2000; Copson 2001, 2

¹⁰⁵ UNAIDS 27 June 2000

annual figure at closer to US\$5 billion for Africa alone.¹⁰⁶ UN Secretary-General Kofi Annan has proposed created a US\$9.2 billion Global AIDS Fund to finance AIDS prevention programs throughout the world. Of this amount, roughly half would go toward programs in Africa.¹⁰⁷ The funding for the Global AIDS Fund is expected to come from national governments and private philanthropic organizations. With the pledges from the G8 nations during their recent meeting in Genoa, a total of US\$1.3 billion has been pledged.¹⁰⁸ This is less than 15 percent of the money needed to make the fund operational. Given that these contributions come from the richest nations on Earth, questions have arisen as to where the rest of the funds necessary to make this fund operational will come from. Instead of adding new monies to combat HIV/AIDS, donor nations will simply redirect their current contributions to this new fund. Additionally, many worry that, by making this fund the centerpiece of worldwide AIDS prevention programming, funding for NGO-initiated programs will dry up or divert attention from underlying factors contributing to HIV/AIDS' spread, such as poverty, lack of education and lack of women's empowerment.¹⁰⁹

Some have placed their faith in private resource flows to help close the gap in funding, and funds from private sources have been increasing (though not at the same rate that public funds are decreasing). Unfortunately, most of these private resources go toward discrete, relatively short-term projects and do not fund the basic social services necessary to augment prevention efforts.¹¹⁰ Education, health care and social security services rarely receive these funds. However, the programs supported by private resources cannot flourish if students lack education, health care or personal security.

¹⁰⁶ Schwartländer et al. 2001, 2434-6

¹⁰⁷ *BBC News* 25 June 2001

¹⁰⁸ UNIRIN 28 July 2001

¹⁰⁹ *BBC News* 25 June 2001

¹¹⁰ UNAIDS 1999, 9

The five southern African states contribute, on average, 3 percent of the funds spent on domestic HIV/AIDS efforts.¹¹¹ Surely, critics argue, these nations could increase the amount that they themselves pay to combat problems in their own countries. Economic realities, though, make this nearly impossible. ODA conditionality required states to slash health care budgets during the 1980s and 1990s.¹¹² Further, many African nations have high levels of foreign debt thanks to the oil shocks of the 1970s, inflation, recession, and the decline in prices paid for primary exports. African governments currently pay four times more to service their external debts than they do on health and education combined,¹¹³ and more money currently flows to donor nations to service these debts than comes to Africa in aid.¹¹⁴ Unless these debts were written off, this money will remain tied up and unavailable for AIDS prevention programs.

The money that states are spending on health care is already disproportionately spent on AIDS. On average, health spending represents 3 to 5 percent of these states' gross domestic product. AIDS takes up 40 to 66 percent of that amount.¹¹⁵ Nations with already-strained health budgets lack the funds to increase these budgets.

These strains will only get worse in coming years, as the costs of treating AIDS patients continue to rise. In Zimbabwe, the average direct health care costs for treating one AIDS patient more than doubled between 1994 and 1996.¹¹⁶ In Zambia, costs per patient range from US\$100 to US\$1100 from the official diagnosis of AIDS to death, and average US\$5 per day. Given the number of people with HIV in Zambia, this means that health care costs in Zambia will increase from US\$3.4 million in 1989 to US\$18.3 million in 2004.¹¹⁷ Average institutional care costs for

¹¹¹ Ibid. 24

¹¹² Collins and Rau 2000, 17

¹¹³ UNAIDS 27 June 2000

¹¹⁴ Collins and Rau 2001, 16-17

¹¹⁵ Copson 2001, 2

¹¹⁶ Bollinger et al. 1999, 9

¹¹⁷ Ministry of Health/Central Board of Health (Zambia) 1999, 44

AIDS in the region range from US\$200 to US\$1000 per year, while AIDS prevention spending alone costs US\$20 per person. These costs come in nations where the average spending per person on public health is on US\$3 per year.¹¹⁸ These costs only reflect the direct costs for treating AIDS patients. They do not calculate lost wages, lost investment or other indirect costs.

New drug therapies, like antiretrovirals, appear to hold some promise, but few in these five countries can benefit from them. Antiretroviral therapies average US\$10,000 per year. In countries where the per capita income ranges from a high of US\$8488 in South Africa to a low of US\$719 in Zambia,¹¹⁹ these therapies are simply out of reach. Treating HIV-positive persons with antiretrovirals in Zimbabwe at market price would cost the state US\$18 billion per year—the equivalent of 265 percent of the country's gross national product.¹²⁰ Drug companies have made pledges recently to bring down the costs of their drugs to US\$2000-3000 per year.¹²¹ Even at this level, the drugs are prohibitively expensive. Discounting the drugs by 90 percent would still cost South Africa R15 billion, or approximately US\$2 billion, annually by 2010.¹²² Additionally, given all the money that has been directed at HIV/AIDS at the expense of the rest of the public health system, few areas in the region have the health care infrastructure necessary to distribute the drugs and monitor patients even if the drugs were available.

Clearly, HIV/AIDS will have a significant impact on the economic situations. Growth rates will be lower, per capita income will be down, and greater income disparities will appear. The costs of treating those with HIV will sap the savings of individual families, as well as gobbling up an ever-increasing portion of the region's already-stretched health care budgets. In order to maintain themselves, these governments will need to rely increasingly on ODA. The

¹¹⁸ Loewenson and Whiteside 1997, 28-30

¹¹⁹ *Human Development Report 2001*, 159-60

¹²⁰ *Washington Post* 28 December 2000

¹²¹ Copson 2001, 8

¹²² Abt Associates and LoveLife 2000, 19

international donor community continues to fund HIV/AIDS programs, but this funding is not keeping pace with the number of people infected. Further, this assistance comes at the expense of sorely-needed general ODA. Private funding sources make up some of this gap, but those funds rarely cover the basic needs like education and health care, focusing instead on discrete prevention programs.

These factors will work to undermine the stability and legitimacy of the democratic regimes of Botswana, Lesotho, South Africa, Zambia and Zimbabwe. The connections between HIV/AIDS and increasing poverty are often noted, but generally considered “outside the scope” of intervention programs.¹²³ AIDS and poverty have a reciprocal influence on each other. Ignoring the economic dimensions not only risks worsening the AIDS crisis, but also risks democracy’s survival. As states rely increasingly on foreign assistance, they lose legitimacy in the eyes of their people because they increasingly lose control over their own policymaking processes. The high costs of treating those with AIDS will make the government less able to provide basic services, undermining the stability of the country. The economic decline associated with AIDS will also decrease the regime’s stability and legitimacy because of the intimate connection between economic development and democracy. As economic development falters, the chances of democracy surviving become increasingly unlikely. Bratton and van de Walle assert, “[I]n a nonconsolidated democracy...the penalty for poor performance may well be the end of democratic rule itself and a return to authoritarianism.”¹²⁴ The early state of the democratic transitions in these countries does not bode well for their ability to survive the economic decline from AIDS.

¹²³ Collins and Rau 2000, 1

¹²⁴ Bratton and van de Walle 1997, 240

Poor economic performance does not automatically render democracy a moot point for a country. Any democracy will go through periods of economic decline, and most will survive. These five states could even potentially weather the decline. However, given the fragile nature of the democratic institution and practices in these five countries, as well as their unproven status in the eyes of many within their own states, they can ill afford the widespread and long-term economic decline brought by HIV/AIDS. The truly damning factor, though, is the combination of this economic downturn with the electoral administration rules and the effects of AIDS on civil society.

The Loss of Civil Society

An autonomous and lively civil society is crucial for the emergence and consolidation of democracy. It serves initially to provide the pressure for transitioning to democracy. When a democratic regime is installed, civil society serves as the watchdog on the government, making sure it does not abuse its power and remains responsive to the needs and desires of the populace. Support for a democratic regime is not the same as support for a particular government, but loss of support for democracy by civil society generally dooms democracy's chances of survival. Its support for democracy is crucial for ingraining the regime and giving it an air of legitimacy within society as a whole. Larger and more diverse civil societies create greater levels of pressure for democracy and help establish its legitimacy sooner.¹²⁵

Members of civil society groups come, appropriately, from all aspects of society. Business groups and the middle class often help lead the transitions to democracy.¹²⁶ Bratton and van de Walle find that “[r]eligious groups, labor and professional associations, human rights groups, and the media play intermediary roles between state and citizen, provide public arenas

¹²⁵ Ibid. 148

¹²⁶ Ibid. 149

for political participation, and promote the accountability of the political class.”¹²⁷ They also cite Bates, who concurs that the middle class provides fertile ground for the emergence of a civil society ready to challenge the legitimacy of a nondemocratic regime.¹²⁸ The emerging picture is one of a civil society dominated by professionals and members of the educated and middle classes. This is not to deny the rich, often less formalized, associational life found in most African societies. However, their lack of funding and formal organizational structure often prevents them from taking a seat at the negotiating table. Most of the civil society groups that receive funding from international donors are elite-driven and receive high levels of funding that enable them to actively participate in political life. This skewed funding prevent the rich, less formalized associational life found in the region from developing into a respected and powerful force for change.¹²⁹

African civil societies are often characterized as weak. Poor economic situations and lack of both leadership and communication networks has prevented them from fully realizing their potential.¹³⁰ More disturbingly,

In many places where the AIDS crisis is severe, governing institutions and civil society are already weak or threatened. Yet it is in response to HIV/AIDS, in marshalling the financial and technical resources needed to stem the tide of infections and fill the gaps in economic growth and personal security, that state institutions are most needed.¹³¹

At the very point in time when civil society is most needed, it is increasingly unable to function.

¹²⁷ Ibid. 253-4

¹²⁸ Ibid. 254

¹²⁹ Ottaway and Chung 1999, 108

¹³⁰ Bienen and Herbst 1996, 28-9

¹³¹ International Crisis Group 2001, 15

HIV/AIDS disproportionately affects the educated and professional classes within these countries,¹³² making it harder for an effective civil society to function. These people often provide both the leadership and the financial resources needed to support civil society organizations.¹³³ This class includes civil servants, health care workers and teachers, among others¹³⁴—the very people who play an important role in civil society organizations. With the exception of teenagers, those with more education have a greater chance of being infected than those with less education in the region. Among women, the most educated are 3.13 times more likely to be HIV-positive than the least educated.¹³⁵ Obviously, not all such people are dying from AIDS. Often times, though, the most able and mobile portions of the population, the very people who could assist civil society, leave the country to avoid the spread of the disease and remove their families from harm's way.¹³⁶

Civil society groups also increasingly serve as domestic elections observers.¹³⁷ Domestic observers add an extra air of legitimacy to the results of the election and consolidate the democracy. Not only can they certify that procedures were followed accurately, but they can also alert other civil society groups and domestic and international media when irregularities occur. International observer groups have presided over elections for years. In some ways, though, domestic observation is better. Such groups will have intimate knowledge of the state, including its political history and the main issues facing the electorate. They have also witnessed the evolution of the campaign period and are likely better in touch with the nuances of the election. Language barriers are also much less common. By not knowing the local language,

¹³² Loewenson and Whiteside 1997, 5-15

¹³³ Price-Smith 2001a, 125

¹³⁴ International Crisis Group 2001, 1-2

¹³⁵ Bollinger and Stover 1999, 6

¹³⁶ Cohen n.d., 2

¹³⁷ Nevitte and Canton 1997, 48

foreign observers cannot always get as accurate a grasp of any situation, and voters will likely be more reticent to share their thoughts and feelings with such people. Finally, domestic observers can cover more space. International observer delegations spend large amounts of money on transportation, lodging, food, transportation, and the like. Because of the costs, only a few observers can participate, and they can only visit a few polling sites. With domestic observer groups, they can pull from their members and local populations to cover more territory more cost-effectively.¹³⁸ Almost all domestic observer groups also conduct voter education programs, explaining how to register and vote.¹³⁹ This role is crucially important during the transitions to democracy or when voting regulations and systems change.

The members of these domestic groups generally come from the same cohort as civil society groups. Religious organizations, professional and business groups, student groups, women's organization, labor unions and teachers all feature prominently in most domestic observer groups.¹⁴⁰ These are the same people who are also facing the highest rates of HIV infection within their societies. Losing them, then, not only weakens civil society; it also weakens the electoral process. These observation teams ensure the fairness of the elections crucial to a regime's democratic stability and legitimacy. They also bring as many people as possible into the electoral process in a way that governments either cannot do, for a lack of funding, or are unwilling to do.

High adult mortality rates also prevent skills and knowledge from being effectively passed on. Gone are the mentors who guide younger people and serve as repositories for cultural information. This group of people provides a country's domestic reservoir of ingenuity and its ability to adapt to challenging situations. As it stands, most developing nations are already at a

¹³⁸ Garber and Bjornlund 1992

¹³⁹ Nevitte and Canton 1997, 56

¹⁴⁰ Garber and Bjornlund 1992; National Democratic Institute 1995, 29-30

disadvantage with regards to this pool because of the lack of highly-trained people. However, as more and more of them either die or leave the country, a state loses more and more of its ability to adapt to crises in the future or deal with ones at hand.¹⁴¹ The AIDS crisis faced by states in the region becomes almost autocatalytic, speeding up as it fuels itself.

The youth, the natural future leaders in civil society, have become increasingly unwilling and/or unable to participate in this sector. Many have grown disillusioned. The loss of economic and educational opportunities due to a combination of AIDS and poverty, along with the high infection and death rates of members of their generation, provide little incentive to become actively involved in society.¹⁴² This attitude saps civil society of the energy and future that youth have traditionally provided and increasingly imperils the legitimacy and stability of democracy. If the current civil society is becoming less effective due to illness and death, and the next generation appears increasingly unwilling to become involved, few constraints will remain to keep the government in line and prevent it from adopting nondemocratic procedures.

To gain a greater understanding of the impact of HIV/AIDS on civil society, let us focus on one segment of civil society in particular: teachers. Teachers play a vital role in educating a state's citizens and helping instill a society's values. They often play a leading role in civil society organizations. HIV/AIDS threatens their positive contribution. On the whole, teachers in the five countries have a higher infection rate than most other professional groups. In Botswana, 35 to 40 percent of today's teachers are HIV-positive, with similarly high infection rates among teachers in Zimbabwe, Zambia and South Africa.¹⁴³ During the first ten months of 1998, 1300 teachers died in Zambia. This is twice the number that died during 1997 and is

¹⁴¹ Price-Smith 2001b, 172-3; see also Homer-Dixon 2000

¹⁴² Collins and Rau 2000, 23

¹⁴³ UNIRIN 27 June 2001

equivalent to two-thirds of all the new teachers trained annually.¹⁴⁴ Zambian teachers are dying of AIDS at twice the rate of the general population, and it is now estimated that 2 teachers die for every 1 trained.¹⁴⁵ Replacing these teachers is increasingly difficult, as large numbers of university students are already HIV-positive themselves. At the University of Durban-Westville in South Africa, one-third of the students are infected,¹⁴⁶ while the rate reaches 50 percent at the University of Botswana.¹⁴⁷ HIV also proves to be a major stressor in the lives of these teachers. They not only worry about their own health and safety, but also about their students, many of whom must drop out because they cannot afford school fees or supplies when parents fall ill.¹⁴⁸

This obviously has an impact on the quality of education being offered in the schools. Fewer teachers mean larger classes, which means less individual attention is given to individual students. The quality of instruction also suffers when teachers are so worried about their own health and must leave school when they become ill. A lack of educated people gives a country fewer resources with which to work toward development or confronting the AIDS crisis. These links require the attention of policymakers and AIDS intervention programs.¹⁴⁹

However, few have explored the links between teachers and civil society, and how these links might be impacted by HIV/AIDS. Governments often cull teachers for use in voter education programs and election monitoring.¹⁵⁰ Poll staffers also frequently come from the ranks of local teachers.¹⁵¹ With the high level of respect afforded teachers in most societies, their participation in these arenas adds another level of legitimacy and trust to the proceedings.

¹⁴⁴ Garbus 2000a

¹⁴⁵ Whitelaw 2000, 1

¹⁴⁶ Ibid. 1

¹⁴⁷ Garbus 2000b

¹⁴⁸ Baggaley et al. 1999, 284

¹⁴⁹ Badcock-Walters and Whiteside 2000, 1-6

¹⁵⁰ Independent Electoral Commission (Botswana) 1999, 3-4

¹⁵¹ Maoto 2000, 5-6

The staffing needs for these polling sites, though, are overwhelming. Botswana uses 5 to 10 election officials at each constituency, requiring a total of nearly 6000 officials for each election.¹⁵² Lesotho uses 6 polling officials at approximately 2300 polling stations during each election. Roughly 13,800 polling officials must be procured for each election there.¹⁵³ The high morbidity and mortality rates of teachers due to HIV/AIDS removes a large number of people who help legitimize the elections. Polling officials ensure fair and accurate application of voting laws. By losing this vast pool of poll monitors and election officials, states face a number of options. They could reduce the number of polling officials at each constituency, but that raises the specter of increased fraud and a lack of trust among voters. They could reduce the number of polling stations, but that would make it increasingly difficult for everyone to vote. Large numbers of voters live in rural areas, and governments are already stretching their resources thin to reach as many of those people as possible. Reducing the number of polling places effectively disenfranchises these people. They could also draw election officials from other sectors of the population. Finding people with the training and level of community respect to be nonpartisan could prove difficult, again eroding the legitimacy of the election. The loss of civil society puts democratic elections at risk.

Civil society groups have thus far proven themselves remarkably active with regards to AIDS in Africa. They have successfully sued drug makers to lower the prices of their drugs and to allow the production of generic versions.¹⁵⁴ They have vigorously protested when governments have tried to implement laws which deny civil liberties to HIV-positive persons.¹⁵⁵ They have introduced successful HIV/AIDS prevention programs which have helped stabilize

¹⁵² Independent Electoral Commission (Botswana) 1999, 6

¹⁵³ Commission of Enquiry (Lesotho) 1998, 5

¹⁵⁴ *BBC News* 19 April 2001

¹⁵⁵ *BBC News* 11 August 2000

infection rates.¹⁵⁶ These victories give us some hope and demonstrate that the disease has not yet eliminated civil society. The challenge lies, though, in the next few years, when death rates soar and the very people who should be coming up into positions of authority and leadership within civil society are not there. They may have died, or they may simply lack the training and finances necessary to take on such roles.

Strong communities are vital to successful HIV/AIDS prevention strategies. Such communities foster greater levels of involvement, thus strengthening civil society.¹⁵⁷ As civil society grows stronger, it can not only agitate for improved HIV/AIDS programs but can also force the government to remain responsive and democratic. Strengthening civil society is a crucial component of fighting AIDS *and* maintaining democratic stability and legitimacy. The loss of civil society due to AIDS thus has multiple impacts that build upon each other.

AIDS challenges civil society. The same segments of the population that make up civil society are also being disproportionately infected with HIV. Without an autonomous and vibrant civil society, a state lacks one of the most crucial requirements for installing and consolidating a democratic regime. Civil society groups apply the needed pressure to lead the transitions to democracy and then watch over the government to keep it honest once that regime is in place. They also serve as domestic election observers, ensuring the free and fair nature of elections. If AIDS eliminates these people from participating in society, the chances of irregularities and nondemocratic practices increase. Teachers, one crucial segment of civil society, are being wiped out by HIV/AIDS at a rate higher than the rest of the population. This one segment of the population plays a vital role in the democratization process. Without it, democracy itself suffers.

¹⁵⁶ *BBC News* 13 January 2000

¹⁵⁷ Collins and Rau 2000, 5-6

Conclusions

HIV/AIDS poses a large potential threat to the democratic stability and legitimacy of African states for three main reasons. One, AIDS will have a negative impact on the administration of elections. Onerous registration requirements will effectively disenfranchise the ill and their caregivers. Poorly maintained voter rolls that fail to purge dead voters will introduce 'ghost voters,' which could be manipulated by the government to keep itself in power. The impartial civil service which administers the elections themselves will lack the financial and human resources necessary to prevent these occurrences. Two, AIDS will impinge on the economic situation in these countries. Economic indicators will go down, and individual households will be forced to spend their savings caring for AIDS patients. The increasing costs of caring for AIDS patients will strain budgets and require increased reliance on foreign aid. This, in turn, decreases the regime's legitimacy by ceding policymaking control to outsiders. These steps all threaten economic development in the states, thus breaking the causal linkage between economic development and democracy. Three, AIDS threatens to decimate civil society. Without it, states will lack a crucial component for democratization. Civil society helps push for democracy, keep a watch on the government once it is introduced and monitor elections to ensure they are free and fair. However, the same people who tend to play a large role in civil society groups are the same ones who are disproportionately affected by HIV/AIDS. Teachers in particular face a severe crisis that will have detrimental consequences for society as a whole.

By themselves, each of these three situations has existed in the past, and Africa has generally survived these crises without being wiped out. However, the unique threat posed by AIDS is the confluence of all three at the same time and at a level not seen in human history since the Black Plague. Taken together, these three may simply be too much for states to handle

while maintaining their nascent democracies. Such a potent combination would threaten the strongest states with the most experience with democracy. Unfortunately, those states are not African states. For the five states receiving the most attention in this research, their democratic regimes are generally less than ten years old. This is hardly enough time to consolidate a democracy and thus leaves them threatened by AIDS' challenge.

These effects all pose a continued risk to democratic stability and legitimacy. HIV/AIDS damages the creation and maintenance of a vibrant civil society, prevents the emergence of an autonomous political society, impacts the impartial application of the rule of law, threatens to viability of a usable state bureaucracy and harms the functioning of economic society. This combination of factors erodes democratic legitimacy. People start to lose faith that their state's regime and its rules are the most appropriate for their current situation.

We cannot fully understand and appreciate the factors that facilitate the spread of AIDS apart from the social and economic realities of the people infected. By the same token, IFES cannot effectively work to promote democratization in these highly infected countries without addressing HIV/AIDS, and health in general. From IFES' perspective, AIDS threatens Botswana, Lesotho, South Africa, Zambia and Zimbabwe along each of the four pillars undergirding its operations. Elections face a challenge from the declining ability of states to administer elections in a free and fair manner. Governance is in danger because AIDS threatens to weaken the ability of states to effectively govern by eliminating those who not only run the government but also those who make sure the government is running properly. Rule of law comes under threat because states may resort to nondemocratic measures to deal with declining economic fortunes and attempting to halt the spread of AIDS. Finally, civil society's status is tenuous because AIDS has thus far concentrated among the same people who make up, lead and

support civil society organizations. By failing to pay attention to the role HIV/AIDS in the democratization process, not just in Africa but around the world, we risk wasting resources and imperiling democratization efforts. A failure in any one of these areas puts democracy in jeopardy. An assault on all four simultaneously constitutes one of the most serious challenges to democracy in years.

The biggest challenge posed by HIV/AIDS to democracy is the indirect way in which it works. Analogous to the way in which environmental scarcity can affect state security, HIV/AIDS causes rippling effects that can threaten democracy in these states. Obviously, some of the factors working against the consolidation of democracy in Africa originated prior to the emergence of the AIDS epidemic. Jackson and Rosberg's seminal 1982 article on weak African states came out just as the world discovered AIDS, yet their findings still hold salience for us today and are compounded by the realities of HIV/AIDS.

The indirect nature of the threat posed by HIV/AIDS makes its integration into democratization programs all the more vital. Discrete programs with a singular focus on HIV/AIDS, or just one small aspect of the disease, fail to address the larger issues connected to the disease. The indirect linkages are not addressed, and they can continue to thrive. Severing these indirect connections is vital if the HIV/AIDS epidemic in Africa is to be halted. By integrating components addressing HIV/AIDS into democratization programs, and vice versa, we can take the first tentative steps toward stemming the epidemic's deleterious effects.

The intersection of health and democracy is a little-explored area, but the research presented here demonstrates that it is one that requires further attention and study. Democratization means little when the people cannot participate due to ill health. The HIV/AIDS epidemic in Africa clearly illustrates how poor health can have a detrimental effect

on democracy. Without reforms and high-level political and financial commitments to fight the disease in the five countries profiled here, the future of their democratic regimes is increasingly fragile and unstable.

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