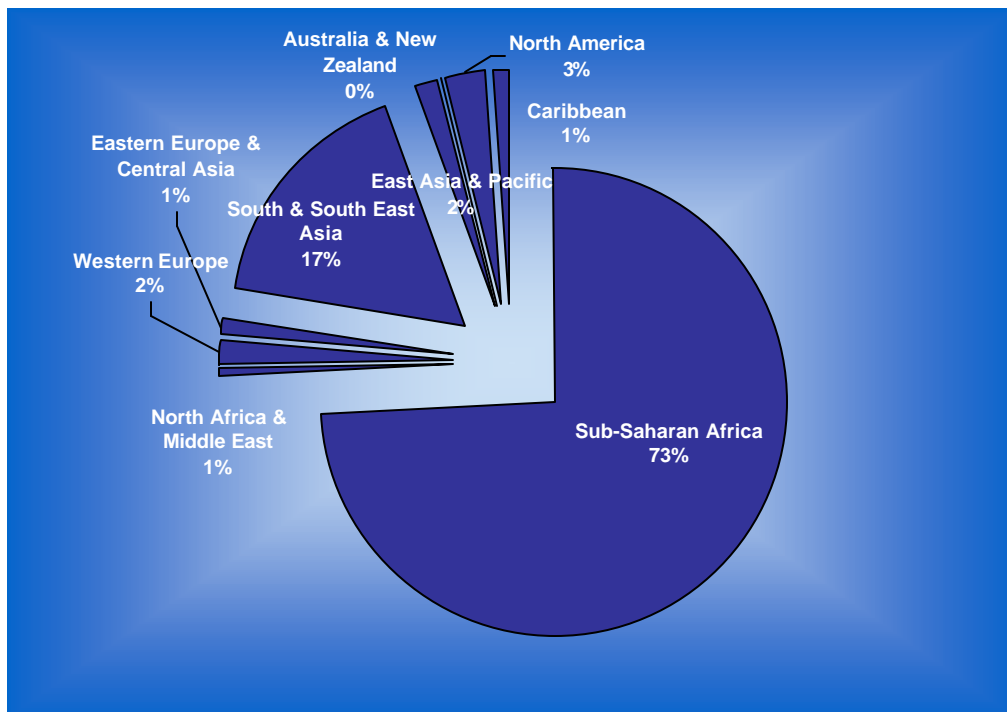


# HIV/AIDS, Democracy & Citizenship

## Introduction: the Participatory Perspective

Two decades, years after the *acquired immunodeficiency syndrome* (HIV/AIDS) was first identified, HIV/AIDS has become the most devastating disease humankind has ever faced. As the Joint United Nations Programme on HIV/AIDS (UNAIDS) stated alarmingly, since the epidemic began, more than 60 million people have been infected with the virus, and 2.3 million have died in Africa only. HIV/AIDS is now the leading cause of death in sub-Saharan Africa, and worldwide it is still the fourth biggest killer, with 14,000 infections occurring each day<sup>1</sup>.

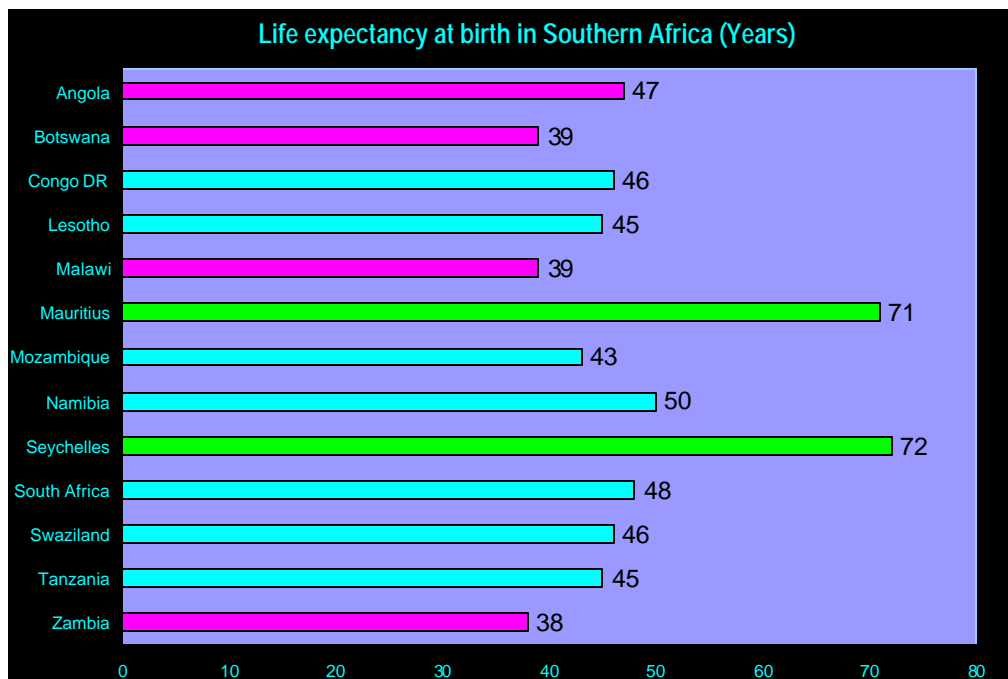
In developing countries, HIV/AIDS has spread from traditionally high-risk groups such as prostitutes, drug users and homosexuals to young adults and young women especially. About one-third of those currently living with HIV/AIDS are aged 15-24 and 50 percent of those are women. In most cases, ignorance, stigma and discrimination have contributed to vulnerability. Therefore, at the end of 2001, an estimated 40 million people globally were living with HIV/AIDS, of these 28.1 million were Africans.



In Southern Africa, the crisis is particularly acute. According to recent estimates, one quarter of the population in the region may carry the virus. In Zambia and Botswana, life expectancy has shrunk to a 39 year-old average. In Malawi, more than 1 million people are HIV-positive.

<sup>1</sup> United Nations Population Fund, *Preventing HIV/AIDS, Preventing HIV Infection, Protecting Reproductive Health*, available at <http://www.unfpa.org/aids/index.htm>

Despite promising developments, the situation is now growing worse: more than 9,000 Africans are newly infected each day and in South Africa alone the number of those living with HIV/AIDS has grown by 7 percentage points in 2 years (from 1997 to 1999)<sup>2</sup>.



Changing culture, policies and behaviour through communication is therefore imperative. Better testing for HIV is a priority, together with affordable drug treatments, access to condoms and public education. The South African Government's renewed commitment to HIV/AIDS is one example of how policymakers' choices impact on citizens' lives. Currently, more people are affected with HIV/AIDS in South Africa than in any other country. There are 4.7 million South Africans hit by the pandemic, which makes up to 20% of South Africa's adult population<sup>3</sup>. Although the crisis has taken shattering dimensions, the government has been deeply sceptical about AIDS drugs known as *antiretroviral* which are favoured by the rest of the world, including poor African countries such as Uganda and Botswana. The African National Congress (ANC) raised concerns about the toxicity and effectiveness of proposed treatments and refused to declare the virus a national medical emergency. This legal loophole could have been used to challenge international trade law and secure a compulsory licence to produce one's own cheap anti-retroviral drugs at decreased prices from an estimated cost of around \$950 per month. Instead, President *Mbeki's* government repeatedly questioned the link between HIV and AIDS and refused to administer even discounted antiretroviral medicines, which were widely recognised by the scientific community as an effective treatment.

As a result of international and domestic pressure, a comprehensive programme has recently been implemented which grants increased access to treatment for opportunistic infections and greater assistance to families, households and communities affected by HIV/AIDS. A comprehensive package of care, including voluntary counselling and testing, will be offered to victims of sexual abuse. In line with the temporary ruling of the Constitutional Court, HIV-infected pregnant women will be administered the antiretroviral drug, *Nevirapine* to reduce

<sup>2</sup> Greg Barrow, *Case Study: South Africa*, Reuters 2000.

<sup>3</sup> Sugita Katyal, *UN says India may overtake South Africa in AIDS cases*, Reuters 5 February 2002.

the risk of HIV transmission to their infant<sup>4</sup>. Accordingly, the cost of developing a balanced programme of prevention, education and treatment will almost double, from R1 billion for the current fiscal year to R1.8 billion in 2004.

The High Court order instructing the government to immediately provide drugs for HIV positive pregnant women defined an important victory, established a crucial precedent and defended an elementary economic and social right to adequate health care. It also demonstrated that the promotion and protection of health and human rights are inextricably linked.

As the case of South Africa's AIDS policy suggests, HIV/AIDS does not only constitute a medical emergency, but also and most crucially a major challenge to citizenship and democracy. As PACT AIDS put it: at a governmental level, heads of state and government who continue to deny the existence and manifestation of the virus, hamper meaningful government responses and violate basic democratic principles of accountability and responsibility to the people<sup>5</sup>.

The last decade has seen a dramatic expansion in the language of *rights* and *entitlements*. The development of participatory frameworks and the human empowerment paradigm that centre their theses on the right to determine one's future and the imperative of instilling a responsibility-oriented culture, have led to rights discourses being widely adopted. In turn, the unfolding human rights discourse transformed parameters and explored new domains of political struggle such as women's rights, reproductive rights, social rights, economic rights and ecological rights.

The human rights discourse on the indivisible bundle of rights has become a key site of contestation. Besides, growing human consciousness and human rights discourses have developed in conjunction with political processes of democratisation<sup>6</sup>. Claimants seeking to enjoy their rights to public goods have been increasingly involved in political processes, but do these newly acquired political rights suffice to the promotion and protection of respective and equally valuable social, economic and cultural entitlements?

Most countries are signatories to the *International Covenant on Economic, Social and Cultural Rights*, and recognise "the right of everyone to the enjoyment of the highest attainable standard of physical and mental health,"<sup>7</sup> as laid out in Article 12 of the Covenant. In the words of the Covenant, human freedom from fear and want is derived from conditions whereby everyone may enjoy his economic, social and cultural rights, as well as his civil and political rights<sup>8</sup>. Authors like *Shedrack C. Agbakwa*, however, have contended that "African governments' failure to enthrone enforceable socio-economic rights compromises civil and political rights", concluding that "selective enforcement of human rights in the context of worsening social, economic, civil, and political conditions is a "heedless truncation of

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<sup>4</sup> The provision of such drug is said to halve the number of newborn babies who receive the virus from their mothers.

<sup>5</sup> Pact Building Capacity Worldwide, Pact AIDS Corps Initiative, *Survival is the First Freedom: Applying Democracy & Governance Approaches to HIV/AIDS Work*.

<sup>6</sup> Richard Wilson and Jon Mitchell, *Anthropological Perspectives on Rights, Claims and Entitlements: ASA Conference 2001* available at <http://www.sussex.ac.uk/Units/anthrop/asa2001/>

<sup>7</sup> International Covenant on Economic, Social and Cultural Rights, adopted and opened for signature, ratification and accession by General Assembly Resolution 2200A (XXI) of 16 December 1966 with entry into force on 3 January 1976.

<sup>8</sup> Preamble of the International Covenant on Economic, Social and Cultural Rights, adopted and opened for signature, ratification and accession by General Assembly Resolution 2200A (XXI) of 16 December 1966 with entry into force on 3 January 1976

humanity<sup>9</sup>”. According to such theoretical perspectives, “anything short of a holistic enforcement of human rights at the domestic level belies the African Charter’s recognition that the satisfaction of economic, social and cultural rights is *a guarantee* for the enjoyment of civil and political rights<sup>10</sup>.”

Southern African Signatories to the International Covenant on Economic, Social and Cultural Rights Adopted and opened for signature, ratification and accession by General Assembly resolution 2200A (XXI) of 16 December 1966 entry into force 3 January 1976, in accordance with article 27 <sup>11</sup>	
Angola	10 January 1992
Botswana	
Democratic Republic of the Congo	1 November 1976
Lesotho	9 September 1992
Malawi	22 December 1993
Mauritius	12 December 1973
Mozambique	
Namibia	28 November 1994
Seychelles	5 May 1992
South Africa	3 October 1994
Swaziland	
United Republic of Tanzania	11 June 1976
Zambia	10 April 1984
Zimbabwe	13 May 1991

African citizens should certainly be empowered both economically as well as politically to make a valuable impact on policies that directly affect their health. Since, however, political and civil rights most often precede economic, social and cultural counterparts, the guarantee to maximum enjoyment of economic, social and cultural rights justifies treating civil and political rights as a *springboard* towards socio-economic change, as an alternative enforcement approach to improve the fortunes of these rights. It therefore becomes a democratic imperative to enfranchise all citizens, notwithstanding the fact that this would foster positive, *issue-based* voting and representation, campaign reform, accountability of party policies and civic leadership. In Lesotho for instance, HIV/AIDS prevention and care are some of the issues that are set to dominate the campaign agenda for the Legislative election planned on 25 May. “If you don’t have HIV/AIDS in your manifesto –claimed a commentator emphatically – you may as well not be in the election.”<sup>12</sup>,”

Unfortunately, due to stigma, cultural taboos and HIV/AIDS-related discrimination, the rights of people living with HIV/AIDS and women especially are frequently violated. This set of unspoken sanctions hinders the response and increases the negative impact of the epidemic. But, for a democracy to develop, the widest possible participation is necessary, most crucially when elected governments will be those called on to address the impact of HIV/AIDS on citizens and future generations.

<sup>9</sup> Shedrack C. Agbakwa, Abstract: Reclaiming Humanity: Economic, Social, and Cultural Rights as the Cornerstone of African Human Rights, in *Yale Human Rights and Development Law Journal*, Vol. 5, 2002.

<sup>10</sup> Shedrack C. Agbakwa, Reclaiming Humanity: Economic, Social, and Cultural Rights as the Cornerstone of African Human Rights, in *Yale Human Rights and Development Law Journal*, Vol. 5, 2002.

<sup>11</sup> Office of the United Nations High Commissioner for Human Rights: Status of Ratifications of the Principal International Human Rights Treaties as of 13 May 2002.

<sup>12</sup> Lesotho: IRIN Focus on May election, *IRINNEWS*, 24 April 2002.

Government policies are vital to revert reduced opportunities for education, address care for sick family members and early introduction into wage labour, and tackle problems of orphanhood. For these reasons, persons affected by HIV/AIDS should be enabled to exercise their full citizenship rights.

By looking at AIDS from this *participatory perspective*, a necessary process of social, economic and cultural change will derive from the peoples' enhanced capacity to affect their governments' policies, be duly represented and play a crucial role in the political life of their countries. This is why *Special Needs Programmes* to enfranchise disadvantaged or hospitalised voters would play a vital role in ensuring a broad and representative franchise.

### **HIV/AIDS from a Policy Perspective**

HIV/AIDS poses a major challenge to many developing countries. In countries already saddled with poverty, HIV/AIDS starts a vicious cycle of lower capacity, loss in human resources and poor growth, reversing hard won development gains. In one decade it has limited the availability of labour, deteriorating human development outcomes and affecting negatively the viability of traditional social safety mechanisms, such as widow inheritance and child fosterage. In due time, it may lead to increasing poverty levels, reduced productivity and labour, lower savings and investments, insecurity of land tenure and rights. In Botswana, for example, AIDS will reduce the government budget by 20 percent, erode development gains and decrease the income of the poorest households by 13 percent in the next ten years. Because that undermines a country's social and economic development and because it constitutes a horrific threat to humanity, HIV/AIDS makes investing in better policies essential.

Strategic policies for the management of the HIV and AIDS epidemic are structured around two basic principles: *Prevention* and *Care*. *Prevention* should aim at creating public service announcements to help educate the public about the AIDS Epidemic. It should promote voluntary testing with political and public leaders setting the example and taking tests in public; and it should improve on the provision of vital information on reproductive health. *Care* should involve examining current health care options and AIDS Management programmes available regionally and globally; providing support to improve policy and programme co-ordination, implementation, monitoring and evaluation with particular focus on mainstreaming HIV and AIDS into all government agency programmes; bringing the private sector on board and exploring opportunities for negotiation with drug companies to cut the price of their products; and further developing a truly multi-sectoral response to the epidemic.

On a global level, reversing the spread of HIV/AIDS depends on mobilizing, managing and disbursing funds, setting feasible targets between now and 2010, and opting for integrated programmes to reduce HIV/AIDS and other parasitic illnesses.

### **The Democratic Imperative: Enfranchising People**

Given the importance of the balance between good governance and representation for the translation of votes into seats *and* policy choices, it is crucial that HIV affected people are empowered to vote. General efforts aimed at political enfranchisement have not only raised turnout rates, but also heightened *national visibility* and *symbolic importance* of distinctive sections of society such as women, youth, native peoples, African/Americans, migrants, Latinos, Chicanos, and Hispanic/Americans, incarcerated felons or ex-offenders, and ethnic minorities.

The Civil Rights Movement in the 1960s has probably been the most successful program for enfranchising people. Increased political freedom, through the implementation of radical changes in federal laws, called into question old privileges and dangerous exclusions and contributed to mutual recognition and integration of African American citizens within the broader mainstream American society. The *Civil Rights Act* of 1964 and the *Voting Rights Act* of 1965 were a further testament to the strength of the movement. The 1965 *Voting Rights Act* barred the use of literacy tests and other methods to prevent African Americans from voting, and raised the quota of voting-age blacks registered nationally from an estimated 23 percent to 61 percent by 1969<sup>13</sup>. This increase in registration translated into a more representative government at federal, state, and local levels, which in turn proved more efficient in tackling the legacy of low wages and racial division. Further amendments in the law promoted important policy changes and established new priorities such as *affirmative action*, equal access to jobs and higher education.

Before that, the case for women suffrage fundamentally challenged the legal subordination of one sex to the other and replaced it with principles of equality admitting no power or privilege on the one side nor disability on the other. The *Convention on the Elimination of All Forms of Discrimination Against Women* (CEDAW) reclaimed women's civil and political rights and their legal equality for the first time in 1979, and women's voter rights have since become a high-priority area for international co-operation and donor aid.

On the same line, some academic researchers, such as *Noam Chomsky*, *Jeff Manza* and *Christopher Uggen* highly criticised voting restrictions for US incarcerated felons or ex-offenders highlighting that their exclusion is a form of undue interference with the political process, which serves no public safety function, has no deterrence purpose nor does it provide for rehabilitation. Pointing out at disenfranchisement through incarceration as a critical variable in the contested Florida election of November 2000, some of these authors condemn permanently disenfranchising as a form of discrimination against ex-offenders, many of whom are African American and Hispanic minorities<sup>14</sup>.

Proceeding from notions of equity and legitimacy, *Alan Wall* highlights the community interest in making voting methods appropriate for different needs and lifestyles. Beyond that, special voting programmes aimed at expanding or rehabilitating losses in electoral franchise would effectively empower an important and otherwise neglected section of citizens and eligible voters, and uphold the principle of necessary integration. The massive impact of the HIV/AIDS pandemic on the sub-Saharan African continent makes the basic political rights of HIV/AIDS infected people *newest voting rights, but nevertheless important*. If voting is the essence of responsible citizenship, one major question therefore raises itself within this analysis. How to translate the democratic imperative of expanding franchise qualifications into action?

The *Administration and Cost of Elections Project*, a joint endeavour of International IDEA, UN-DESA and IFES (ACE PROJECT), points out at the importance of providing special voting facilities for voters who, on voting day, are unable to access a normal voting station in the electoral district in which they are registered to vote. From this derives the need for reasonable accommodations in the voting process through *special voting schemes*.

In *Kosovo*, a *Special Needs Voting Programme* was carried out to enable all those who, for very specific reasons, could not go to a Polling Station on Election Day to cast their vote. The Special Needs Programme provided civil registration, along with the opportunity to vote and

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<sup>13</sup> In some Southern states, the numbers were even more dramatic. In *Mississippi*, for example, African American registration rose from 6.7 to 66.5 percent.

<sup>14</sup> Criminal Justice Policy Coalition, *Question Two: Proposed Amendment to the Constitution, Voting By Incarcerated Felons*.

mobile teams helped those voters who were least likely to be able to reach the polls, such as disabled voters, homebound, hospitalised persons or detainees. Special arrangements were made for anyone who fell into these categories so that they would not be disenfranchised. About 10,000 special needs voters were accommodated through the programme. The physically disabled were identified by the United Nations Interim Administration in Kosovo, local NGOs and registration staff that received information about voters unable to register from family members and neighbours<sup>15</sup>.

Canada offered similar services to persons with a disability, seniors, persons with limited reading and writing skills, homeless or victims of abuse. Among the services provided were: information, email access, and special ballot registration forms available on the Internet documents specifically for persons with disabilities; a toll-free information line; mobile polling stations for certain institutions where seniors or persons with disabilities resided; a special ballot, which allowed early voting by mail, or in person at the office of the returning officer, or at home in the case of electors who could not go to the office of the returning officer because of a physical disability; and transportation of the ballot box from room to room to facilitate voting in hospitals and certain residential institutions<sup>16</sup>.

For the *British local government elections* in 2000, a number of pilots were also undertaken which allowed different types of electoral processes to be tested. The pilots included postal voting, early voting amongst other schemes.

### Types of Special Voting Facilities

A number of different types of special voting facilities and procedures for implementing them, were elaborated by the ACE PROJECT and are described in the following table<sup>17</sup>:

Types of Voting	Potential Frameworks
<p>Absentee Voting allows voters who may be confined to institutions through illness or disability to vote at a voting location other than the voting station at which they appear on the normal voters list;</p>	<p>Absentee voting elements would normally include:</p> <ul style="list-style-type: none"> <li>▪ Specification of voting occurring in advance of voting day, on voting day or both;</li> <li>▪ Location at voting stations within the voter's electoral district of registration, or at voting locations within a restricted range of electoral districts, or at voting locations in any electoral district in which voting is being conducted;</li> <li>▪ Location at special voting stations or locations for absentee votes (often electoral administration offices), or in conjunction with normal voting at regular voting stations or both;</li> <li>▪ Specification of voting occurring by mail or by voters attending a voting location in person, or both;</li> <li>▪ Prior application or registration by voters.</li> </ul> <p>The more extensive absentee voting facilities are, the greater the cost in additional materials and in the complexity and quality of systems that need to be implemented to control their integrity. This latter requirement needs to be very carefully considered when determining which, if any, methods of absentee voting are to be included in legal frameworks and implemented.</p>
<p>Early Voting allows voters who are unable to go to their normal voting station on the general voting day to vote at an earlier time; in person, at an office of the electoral management body,</p>	<p>Early voting elements would normally include:</p> <ul style="list-style-type: none"> <li>▪ Specified period for early voting;</li> <li>▪ Legislatively-defined qualifications of early voters;</li> <li>▪ Methods of defining locations at which early voting may take place;</li> </ul>

<sup>15</sup> Organisation for Security and Co-operation in Europe, In Focus: OSCE Feature Stories, *OSCE helps over 15,000 voters in Kosovo who were unable to go vote on election day*, available at [http://www.osce.org/kosovo/features/in\\_focus/special\\_needs\\_voting.php3](http://www.osce.org/kosovo/features/in_focus/special_needs_voting.php3)

<sup>16</sup> Canadian Elections News: *Election Access*, available at <http://canadaelection.net/english/index.html>

<sup>17</sup> Administration and Cost of Elections (ACE) Electronic Publication *Cost Factors of Special Voting* available at <http://www.aceproject.org/main/english/po/poa02.htm>

<p>a normal voting station or other premises; or by mail, through returning the voter material to the electoral management body;</p>	<ul style="list-style-type: none"> <li>▪ Voting secrecy and count frameworks, especially for mail voting;</li> </ul> <p>A combination of both in-person and mail early voting facilities, is sometimes put in place. While promoting maximum accessibility, services may be duplicated in these environments. A balance between accessibility and cost-effectiveness is needed. Providing these additional facilities can add significantly to materials, premises and staffing costs. However, elections conducted using one traditional method of early voting, by mail, have been shown to be extremely cost-effective.</p>
<p>Proxy Voting allows voters unable to attend a voting station through infirmity, employment requirements, or being absent from the area on voting day to appoint another person to vote for them;</p>	<p>Proxy voting elements would normally include:</p> <ul style="list-style-type: none"> <li>▪ An application from the voter stating the reasons for wanting to appoint a proxy, naming the person, and signed by both the registered voter and the proxy, to be received by the electoral management body in due time before voting day;</li> <li>▪ Determination by the electoral management body if the reasons are sufficient and the proxy named is qualified to act as proxy;</li> <li>▪ Advice, including copies of the approved proxy applications, to be provided to the voting station managers;</li> <li>▪ Lists of proxy voters who have voted, as well as voters issued voting materials.</li> </ul> <p>Proxy voting is a method that is at odds with the usual notions of integrity of voting practice. Unlike assisted voting there can be no controls to ensure that the registered voter's instructions on how to vote are followed by the appointed proxy, and, therefore, it may very easily be subject to abuse. It can be of particular concern where systems allow a proxy to cast a vote for more than one registered voter, and especially where a single person may cast proxy votes for any number of relatives.</p>
<p>Mobile Voting Stations</p>	<p>Legal frameworks may allow mobile voting stations to operate during any period for early voting.</p>
<p>Other special voting facilities</p>	<p>Other special voting facilities, such as radio or fax voting conducted for remote locations may operate prior to voting day.</p>

### Cost Factors of Special Voting

The cost of providing special voting facilities, when it is not a consolidated practice, ranges according to methods for increasing accessibility and complexity. The greater the number of choices provided to voters in the methods and locations, the higher the costs incurred by the Electoral Management Body. Normally, arrangements for special voting would involve direct costs for providing special voting facilities; mailing costs; costs for hiring additional staff and training; additional logistical requirements; special materials and distribution management systems.

Complex systems also require more extensive controls and more experienced staff. For this reason, more complex systems of special needs voting should only be considered for implementation when electoral management bodies have extensive experience and oversight of election processes<sup>18</sup>.

### Preventing fraud

An accurate, timely and correct voters' roll is vital to the conduct of free and fair elections. As the official list of electors, rolls are *prima facie* evidence of a person's right to vote. It is therefore imperative that measures are in place to ensure that electoral rolls are of the highest

<sup>18</sup>Administration and Cost of Elections (ACE) Electronic Publication *Cost Factors of Special Voting*, available at <http://www.aceproject.org/main/english/po/poa02.htm>

integrity and accuracy. Accordingly, to prevent fraud and multiple voting, all voters entitled to vote under special needs programmes should be removed from the *Final Voters' List* used on Election Day. In addition, the same ink used in polling stations, detectable only by ultra-violet light, should be used for voters casting ballots by early voting. Checking each voter's right forefinger for indelible ink should provide a telltale sign that they have already voted.

International and domestic observers can increase the general integrity and efficiency of election administration practices, which contemplate special voter programmes, heightening public confidence in election outcomes<sup>19</sup>. Besides, the ACE PROJECT recommends that materials used in Special Needs Voting be kept under supervision at all times at police stations. In particular, all completed ballots should be maintained in ballot boxes under security until the commencement of counting. Where early ballots are contained in envelopes with voter details, systems that protect the secrecy of voting and maintain the security of ballot material should be devised for checking these voter details.

In every precinct, there should also be a summary or reconciliation of the valid ballots, spoiled ballots, and unused ballots at the end of the voting period. Maintaining periodic reconciliation of voting materials is essential especially for mail voting.

### **Controversies Surrounding Proxy Voting<sup>20</sup>**

Few election systems allow proxy voting, but, even when viable, it is far less a popular practice than voting by mail. One specific category of people entitled to proxy votes is expatriates. Proxy voting featured, for instance, in the past French presidential elections, and in British elections since 1989. Yet, although the estimated number of British expatriates eligible to register rose to 2 million as a result of the 1989 legislation, few only ever bothered to vote and voter turnout has been declining steadily since 1991.

While cost-effective, proxy voting is a very controversial option to be used only where comprehensive systems for mailed ballots and mobile voting facilities for the infirm are otherwise unavailable. Postal votes can instead be requested on demand for either a particular or an indefinite period, or for a particular election only. In the past four British General elections for instance, the number of postal votes increased to nearly 800,000, representing 2.4% of the votes cast<sup>21</sup>.

### **Conclusions: how can enhanced democratic practices make a difference?**

Considering regional estimates of adult HIV prevalence, upward trends in the spread of HIV/AIDS to communities in Southern Africa and socio-demographic consequences of the pandemic on life expectancy, population and orphan-hood, practical steps are needed to promote innovative strategies and empower citizens to make a real impact on their governments' policies.

#### **Basic facts about HIV/AIDS in sub-Saharan & Southern Africa<sup>22</sup>**

There are 34.3 million people now living with HIV/AIDS. Of these 24.5 million live in sub-Saharan Africa and 9.8 million elsewhere. This means that 5,500 people die of AIDS in sub-Saharan Africa daily.

In sub-Saharan Africa, a higher proportion of women than men live with the HIV infection. The infection rate is

<sup>19</sup> Administration and Cost of Elections (ACE) Electronic Publication *Cost Factors of Special Voting* available at <http://www.aceproject.org/main/english/po/poa02.htm>

<sup>20</sup> Administration and Cost of Elections (ACE) Electronic Publication *Cost Factors of Special Voting: Proxy Voting*, available at <http://www.aceproject.org/main/english/po/poa02e.htm>

<sup>21</sup> "Postal and Proxy Voting," *BBC News*, 29 May 2001.

<sup>22</sup> Source: UNAIDS & Washington Post 2000.

	particularly high amongst girls.
	The AIDS epidemic has also claimed 13.2 million orphans: 95% of which in sub-Saharan Africa.
In Southern Africa, over half of all new HIV infections occur in young people before 25 years of age. 20% of girls aged 15-19 are already infected and so are 40% of women aged 20-24. <b>Life expectancy</b> is expected to fall dramatically by 2010.	The worst affected countries in sub-Saharan Africa are <b>Botswana</b> with a 35.8% adult infection rate; followed by <b>Swaziland</b> with 25.3%; <b>Zimbabwe</b> with 25.1%; <b>Lesotho</b> with 23.5%; <b>South Africa</b> with 19.9%; <b>Namibia</b> with 19.5%; and <b>Malawi</b> with 16%.
More people are affected with HIV/AIDS in <b>South Africa</b> than in any other country, and the infection rate is amongst <b>the fastest growing in the world</b> .	AIDS is responsible for roughly <b>40 percent of all deaths</b> among South Africans between the ages of 15 and 49 and 1700 people are newly infected in South Africa alone <b>everyday</b> .
At least <b>\$1 billion</b> is needed to establish an effective HIV-fighting programme in sub-Saharan Africa; but it would cost <b>between \$1,400 and \$4,200 per patient</b> to treat the infection and the disease effectively with anti-retroviral drugs.	In rural sub-Saharan Africa the proportion of girls and boys aged 15 and 19 who do not know how to protect themselves from HIV ranges from 15 for boys in Zimbabwe, to <b>over 70 percent for girls in Mozambique</b> .

To focus efforts on achievable results, a suggested six-point plan is offered below:

- ★ Make civil and political rights entrenched by recent democratisation processes a *catalyst* towards effective realization of economic, social, and cultural rights.
- ★ Enfranchise and empower neglected sections of society to voice their concerns and change unsustainable patterns and irresponsible government policies.
- ★ Foster positive issue-based voting and representation, campaign reform, and accountability of party policies.
- ★ Strengthen legitimacy through broad based participation and enhanced voter turnout proportions.
- ★ Fight stigma and contribute towards moral rehabilitation of people living with HIV/AIDS by fully upholding, extending and preserving their rights to participate in the voting process.
- ★ Provide reasonable accommodations in the voting process with special voting programmes, mobile voting facilities and provisions for absentee voting, early voting, proxy voting or mail voting according to context.