



**Realising effective and sustainable
democratic governance in Southern
Africa and beyond.**

IMPACT OF HIV/AIDS ON ELECTORAL PROCESSES IN SOUTHERN AFRICA

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“What Have Elections Got to Do with Aids?”

There is not an aspect of life that seems untouched by the HIV/AIDS pandemic. What might be interpreted as the possible impact of the pandemic on one of the most fundamental forms of participation in political life – elections – is only beginning to materialise. Unexplained gaps in voter populations continue to rear their heads. What was previously thought to be a recurrent phenomena of “apathy” or a deliberate withdrawal from the political process by citizens in many countries may, in fact, be a result of rising Aids deaths from which no country on the continent is immune. At present few, if any, of the countries in Southern Africa have citizen and voter registration systems that are directly compatible. Even fewer have citizen/voter registration systems that are sophisticated enough to timeously capture dead nationals or purge the voter’s roll of deceased registrants. This means it would be inaccurate to attribute low participation in elections merely to political withdrawal due to disillusionment. Rather, it is possible that political withdrawal or apathy may be a result of too many undetected dead voters or high numbers of people tending to those who are ill from AIDS and therefore unable to dedicate time to elections. An increase in deaths in the middle-aged political leadership is also worryingly pointing to influence of a disease that, many social scientists agree, is likely to re-configure society as we know it. It is highly doubtful that any African state would have the capacity to replenish the experience and skills lost to the pandemic at a leadership,

administrative and citizen levels without unprecedented international support.

Democracy - with elections as a central feature - happens to be by far the most popular system of governance not only in Africa but the entire globe. Free and fair elections constitute a key benchmark, which democratic countries must regularly achieve to enable voters have a say in political outcomes.

Since the collapse of communism in Eastern Europe and the subsequent democratisation of all previously single-party states in Africa, governments on the continent have liberalised or partially opened up political space; allowing for opposition politics; civil and human rights. The consolidation of these democracies would partly however, call for strengthening of political institutions such as parliament, judiciary, bureaucracies, political parties and civil societies accompanied by sustainable economic growth.

Experts argue that participation by ordinary people in political processes is critical to the realisation of any democratic society and that this is wide ranging and beyond occasional involvement in an election. Participation broadly embraces citizen involvement in political and economic affairs – relating to production, property ownership, and control of the productive forces and the means of livelihood. ¹In return, there is corresponding expectation from the citizens for their elected representatives to deliver on social economic benefits. In general, therefore, the idea of democracy rests on two core principles-accountability and participation.

¹ Mattes R. Presentation to the Idasa/UNDP Governance and Aids Forum; April 2-4, 2003

However, warning bells are already being sounded which suggest that the assumed consolidation of democracies may not occur with HIV/AIDS ravaging the most productive, most skilled persons of society, exacerbating structural poverty.

With 29 million of the 40 million people living with HIV located in Sub-Saharan Africa; 4.1 million needing anti-retroviral treatment, the impact of disease on development in Africa cannot be ignored. Malaria alone is estimated to have slowed economic growth on the continent by 1.3 percent a year and HIV/AIDS by up to 2.6 percent in high prevalence countries.²

A recent World Bank research report, entitled 'The Long-run Economic Costs of AIDS: Theory and an Application to South Africa', suggests that "a country like South Africa could face progressive economic collapse within several generations unless it combats its AIDS epidemic more urgently." Statistics released by the Human Sciences Research Council (HSRC) in 2003 suggest that Gross Domestic Product (GDP) of South Africa will be 17 percent lower in 2010 than it would have been without HIV/AIDS.³

The most affected people on the continent are in the age range of 15-49⁴ years, which incidentally forms the bulk of the voting population and political representatives. Inevitably, this may shake the foundations of existing electoral models or even hamper enthusiastic involvement in political and

² Quoted in Speech by Deputy President of South Africa; Jacob Zuma to the Idasa/UNDP Governance and Aids Forum, April 2-4, 2003

³ Quoted by Reuter

⁴ a Global View of HIV infection.UNAIDS 2003.

electoral processes by a large section of society.

Electoral Systems

Electoral processes are certainly an area for concern, particularly for countries still tethered to the First-Past-The-Post System (FPTP), inherited largely from the British colonial masters. More than 18 countries in Africa use this electoral system.⁵ An electoral system or model is the institutional set-up for the conduct of elections and comprises rules, regulations and laws. It is essentially the mechanism linking the electorate to the elected and is meant to ensure that votes cast are translated into seats in the National Assembly. The electoral system, put another way, engenders accountability, representation and political stability.⁶

Table 1: Electoral Systems in SADC

FPTP: Plurality/Majoritarian	List-PR Proportional	MMP: Semi-Proportional
Botswana	Angola	Lesotho
DRC	Mozambique	
Malawi	Namibia	
Swaziland	South Africa	
Tanzania		
Zambia		
Zimbabwe		
Mauritius		
Seychelles		

⁵ Renaissance: A Review of Democracy and Governance in Southern Africa (1999) SARDC.

⁶ Matlosa K. Electoral Systems Reform Imperatives in Africa. Electoral Institute of Southern Africa (EISA) 2003.

Table 2: Adult HIV and AIDS Prevalence Rates within SADC

Country	Adults 15 – 49 years	% Adults HIV/AIDS
SADC	13,180,700	13.7
Angola	320,000	5.5
Botswana	300,000	38.6
DRC	1,100,000	4.9
Lesotho	330,000	31.0
Malawi	780,000	15.0
Mauritius	700	0.1
Mozambique	1,000,000	13.0
Namibia	200,000	22.5
South Africa	4,700,000	20.1
Swaziland	150,000	33.4
Tanzania	1,300,000	7.8
Zambia	1,000,000	21.5
Zimbabwe	2,000,000	33.7

Source: www.unaids.org

The Southern African Development Community (SADC) countries, which happen to have the highest incidence of HIV/AIDS on the continent with the adult prevalence rates in the 15-39 age groups standing at 13 percent, have a longer experience of multiparty democracy and are comparatively the more stable part of the continent.⁷

Nine of the 14 countries in the region use the FPTP. Four of them use the Proportional Representation system (PR) and only one – Lesotho uses a combination of the two or the Mixed Member Proportional system (MMP). The FPTP is particularly vulnerable in terms of impact of Aids as it requires the staging of by-elections to replace members who are deceased; who have resigned or have been expelled. If for instance 20 Members of Parliament died within the life of a Parliament, there would have to be 20 by-elections held without fail, usually within 90 days of the occurrence of a vacancy. In the PR

⁷ Global View of Hiv Infection: UNAids 2002.

system -because people vote for a party rather than an individual member - a vacancy may be filled by the party establishment from an existing list, without recourse to further competition. The PR system would in this sense lose out on the quality of leadership while FPTP would lose both leadership quality and cost the national budget immensely by reverting to elections each time an MP died.

IDASA Pilot Study

A recent case study by Idasa in Zambia revealed that the country's number of by-elections have substantially increased in the era of HIV/AIDS (1984-2003) compared to the 'Aids free era" (1964-1984).⁸

The study indicates that the total number of by-elections as a result of death were 59 in the period 1984-2003 compared to 14 in the 1964-1984. Thirty nine (39) of the 59 deaths occurred between 1993 and 2003, incidentally the period of high HIV/AIDS prevalence (Of course we have to take into account that the Parliament size increased from 135 to 150 elective seats and eight nominated in 1991). Only four were listed as having died from road accidents while the rest were more accurately victims of disease. Although it cannot be conclusively said the 39 deaths were influenced by Aids; an examination of the age cohorts does help us to infer some useful conclusions. Fifteen Mps fell in the age-group of 15-49 years, which is most vulnerable to the disease.

⁸ Tapfumaneyi W. Impact of HIV/AIDS on electoral systems in Zambia. Idasa 2003.

Table 3: By-elections held in Zambia since Independence

Years	Total No held	By-elections held as a result of death	By-elections held as a result of resignations and expulsion
1964 to 1984	46	14	32
1985 to 2003	102	59	43

Source: Data from Electoral Commission and Zambia Parliament: A Statistical Profile 1964 - 1996

Table 4: The Age Range of MP's who Passed Away:

Age Range	Deaths
30 – 40 years	0
40 – 50 years	15
50 – 60 years	12
60 – 70 years	9
70 – 80 years	2

Some Key Elements to Consider about Zambia

- *Life expectancy, which had steadily been growing since independence in 1964 has taken a disturbing, nosedive from 54 years in the mid 1980s to only 37.*
- *The average annual population growth rates between 1980 and 1990 was 3.1% but stood at 2.9% between 1990 and 2000 according to the Central Statistical office.*
- *Although the population is expected to continue growing it will do so at a reduced rate than if the pandemic was non-existent. By 2015, the population is estimated to grow from the current 10 million to about 12 million. Without Aids, Zambia would have hit the 15 million mark by 2015.*

Gender Dimensions

Of added concern to countries using the FPTP, is its tendency of rolling back the gains in gender balance that might result from hard work by political parties to fulfil the SADC Gender Declaration.

This aims to achieve a minimum threshold of 30 percent women in decision-making positions by the year 2005.

In the FPTP model, when a party loses an MP to disease or other causes, there is no guarantee it will retain that seat; further, there is no guarantee that the party would select a woman as candidate in order to win the seat back! This is because parties will fall back on the most viable candidate and in male dominated societies; a man is a natural choice unless there are women of extraordinary qualities and appeal. Unfortunately, women happen to be the most affected by the disease all over the continent because of the many vulnerabilities associated with sexual and power relations, conflict and so on. Hence they are more likely to suffer the fate of an Aids death in greater numbers than their male counterparts. The regional picture indicates why PR is favoured for gender balance; women may be deliberately infused into the system while FPTP requires them to compete, first through party primaries then at national level. In this regard, it is no surprise that it is those countries in SADC that use PR that are close to fulfilling the SADC Gender Declaration.

Table 5: Women in Parliament in the SADC Region

Country	Date	Seats	Women	% Women	Electoral System
Angola	1992	224	34	15	FPTP
Botswana	1999	47	8	18	FPTP
DRC	1970	210	-	-	FPTP
Lesotho	1998	120	12	10	MMP
Malawi	1999	193	16	8	FPTP
Mauritius	1995	65	5	8	Mixed
Mozambique	1999	250	71	28	PR
Namibia	1999	72	19	19	PR
Seychelles	1998	33	8	24	Mixed
South Africa	1999	400	119	30	PR
Swaziland	1998	95	7	7	FPTP
Tanzania	1995	275	45	16	FPTP
Zambia	1996	150	16	10	FPTP
Zimbabwe	2000	150	13	9	FPTP

Source: Molokomme, 2000AIDS could Cause Power Shifts

In countries such as Zambia and Zimbabwe where elections are closely contested, AIDS could distort the democratic landscape, causing power shifts as parties lose slender majorities due to their failure to competently contest all by-elections. Were it not for the 30 nominated members, Zimbabwe's election results for the 2000 parliamentary polls looked a close-run thing with ZANU-PF taking 62 seats; MDC 57. ZANU-NDONGA 1.

The Zambian parliamentary landscape post-2001 favoured the opposition which assumed a slender majority with the six opposition parties (including one independent) taking a combined 81 seats and the ruling Movement for Multiparty Democracy (MMD) holding 69 of the 150 elective seats (a further eight were nominated by the president to increase MMD's tally to 77). The opposition's advantage lasted only a few months as the it lost ground in the by-elections that followed between 2001-2003.

The Case of Zimbabwe

On the same note, trends in Zimbabwe point to a proliferation of by-elections triggered-to a large extent-by relatively high mortality rates due to illness amongst political leaders. Since its 2000 parliamentary elections, Zimbabwe has already held 14 by-elections. Eight (8) of these are as a result of MPs succumbing to "illness". Though not conclusively pointing to AIDS, the fact that the high mortality rates occur in the periods of increased HIV prevalence (33 percent in adults) is itself instructive⁹. What then should nation-states do?

⁹ Impact of AIDS on elections in South Africa: exploring the impacts (2004); Governance and Aids Programme, Idasa

Solution: Change the Electoral Model?

There are no clear-cut solutions, even though some structural imperatives are possible to mitigate the impact of the disease. Already the FPTP is the least popular of the systems in operation for its inability to promote diversity and representivity.¹⁰ Opposition parties and electoral experts in the SADC region have often stated the tendency of the system to introduce dominant party structures; with weak opposition presence. PR and especially MMP have been the favoured alternatives.

HIV/AIDS, in my view, provides further incentive for countries to reflect more deeply on the sustainability of the FPTP given the costs involved in having a country perpetually in elections mode. It is possible to modify the FPTP to eliminate by-elections. Otherwise a total conversion to the PR system would be most cost-effective.

Table 6: Feature Characteristics of the FPTP

Advantages	Disadvantages
Clear choice between two main parties	Excludes minor parties
Ensures single party governments	Exaggerates electoral dominance of ruling parties
Gives rise to coherent parliamentary opposition	Problem of waste votes which amounts to disenfranchisement
Excludes extremist parties	Amenable to minority government problem
Links MP to constituency	Unresponsive to changes in public opinion
Allows independent candidates to contest elections	Open to manipulation of election boundaries
Allows floor crossing	Less conducive to women's participation
Simplicity and familiarity in Africa	It is not amenable to increased gender balance in the management of public affairs

¹⁰ At the 1999 Southern African Elections Forum hosted by the Electoral Institute of Southern Africa (EISA) in Namibia; the favoured systems by delegates was PR and MMP. In 2003, An EISA conference on Electoral Systems Reform, similarly weighed against the FPTP.

Table 7: Feature Characteristics of the List-PR system

Advantages	Disadvantages
Fair translation of seats into legislative seats	Weak MP-constituency link and accountability
Inclusion of minority parties in the legislature	Gives too much power to the party
Inclusive and socially diverse list of candidates	Little room for independent candidates
Regional fiefdoms restricted	May provide a platform for extremist parties
Leads to power sharing and coalition governments	Instability of coalition parties
Less vote wastage	Less likelihood of dislodging a ruling party
Less conducive to women's participation	Disallows floor-crossing
Conducive to gender-inclusive governance	Less known and less familiar in Africa

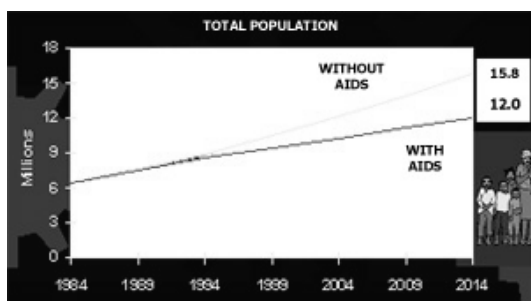
Source: Matlosa, 2003

Table 8: Feature Characteristics of the Mixed Member Proportional (MMP) System

Advantages	Disadvantages
Retains Accountability of MPs inherent in FPTP	Relatively more complex than the FPTP and PR
Retains Broad Representation in the legislature inherent in PR	Lack of familiarity in Africa since it is relatively new in the continent
Widens the political complexion of parliament	May lead to a fragmented parliament
Combination of constituency vote and party-list vote	Double voting either in a two ballot or single ballot system
Establishment of entry threshold for MPs to hold seats in parliament	Calculation of an entry threshold into parliament by MPs rather complex and requires consensus by parties

Source: EISA

Are the Voters Dead?



The situation of Aids as it relates to electoral processes becomes more complex when applied to voters. In a recent evaluation of the electoral process in Zambia by Idasa, it was found that there were huge disparities between the illegible voters’ population, the registered voters and the voter turnout.

Table 9: Summary of Elections with Percentages

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

Source: INERSOR

Varied reasons were advanced by Zambian stakeholders as to why the people appeared to be apathetic. Among the factors cited were disinterest and frustration with politics by the people for lack of delivery; structural factors such as distances to registration centres and generally tedious process of registration. It was emphasised that citizen registration and voter registration are separate processes that are hardly incompatible. Therefore citizens found it difficult to have to be involved in two equally tedious registration processes in order to be accredited. The capacity of the country’s national registration office

was also a factor as it failed to capture all eligible Zambians between 16 and 18 to enable them participate in political life (Zambians register as citizens at age 16 and qualify to vote at age 18). It is assumed therefore that a fairly large number of eligible citizens failed to register as citizens and as voters due to problems of capacity, complexity of the process, the inordinate visits to registration centres required and inadequate facilities. However, nobody mentioned the incidence of HIV/AIDS or disease in general as a possible explanation for the disparities.

HIV Prevalence, Age 15 to 49, by Province: 1998

Analysis of the HIV/AIDS prevalence per province and the voter population over three national elections, does indicate that in the hardest hit provinces-Lusaka (27.3%), Copperbelt (26.3%) and Western (18.9%)-the number of voters that registered for presidential elections has gradually been declining since 1991, with the Copperbelt region depicting a total decline in voter population of 167, 349 (from 620, 589 to 453, 240).

While retrenchments in the mines on the Copperbelt, human mobility, and disillusionment with politics are cited as additional factors for the decline in registration levels, the effect of disease and of HIV/AIDS in particular cannot be under-estimated. Ministry of Health data suggests that up to 650,000 of 10 million Zambians have died since 1985. While not all are adults, the age bias associated with AIDS (15-49 yrs most affected) implies that a fair number of those listed were possibly potential voters.

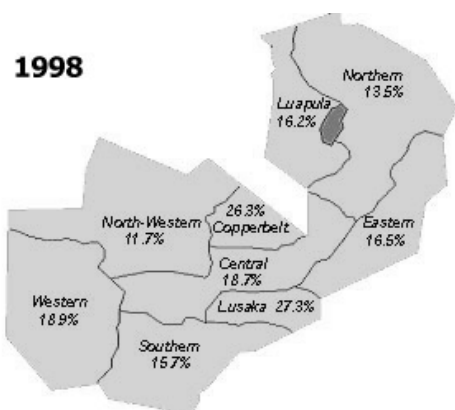


Table 10: Provincial Prevalence

Province	Prevalence Rate
Central	18.7%
Copperbelt	26.3%
Eastern	16.5%
Luapula	16.2%
Lusaka	27.3%
Northern	13.5%
North Western	11.7%
Southern	15.7%
Western	18.9%

Table 11: Voter Population by Province

Province	Registered Voters		
	1991	1996	2001
Lusaka	414,976	296,919	399,247
Copperbelt	602,589	401,273	453,240
Western	230,942	215,089	206,628
Central	271,430	186,917	205,616
Eastern	365,041	314,390	337,533

More research needs to be done to establish how Aids affects family units in relation to their ability to participate; most women, who form the bulk of the voting population, will likely spend more time tending to ill members of their extended families and would have no opportunity to traverse the prohibitive distances to the nearest polling stations let alone spent hours on voter queues. It is a well known fact that in many African countries grandparents are the care givers to many of those afflicted by Aids. With at least 650,000 Zambians having died of Aids, the majority in the adult bracket, the impact of the

pandemic on participation in electoral processes cannot be ignored.

The situation does not get any better when one looks at the other African countries. South Africa for instance has an estimated 4.7 million people infected with HIV/AIDS out of a population of 44 million, according to a recent estimate by the HRSC and:

- Most of the Infected are between ages 24-34 years of age
- Cases of full blown Aids are expected to rise from 271,500 in 2000 to 458 860 in 2010; straining the country's budget
- Given the infection rates between 1994-2004, a fairly large number of the infected would be of voting age.

There are some possible solutions that could help ease the plight of the infected and affected voter populations in terms of their availability for elections. Given the consequences, African countries need to explore the following:

- Introduction of voter friendly methods: mobile voting, absentee ballots
- Improved logistical arrangements: shorter processing time of voters
- Special voting considerations for the affected/infected
- More accessible polling stations

Voters Roll

The concern then arises as to whether countries do have integrated systems that could capture dead voters and avoid the usual election conflict surrounding "ghost voting". The Malawian registration system, at least according to the Electoral Commission there, has perhaps even worse problems as

verification of births and deaths is done via local chiefs and other prominent members of society; at any given time, it is not possible to ascertain the integrity of the voter's roll with respect to the deceased.

In an address to the Idasa/UNDP Governance and Aids forum in April, 2003, Commissioner Ngwembe of the Malawi Electoral Commission did indicate that a study in some constituencies had revealed that up to 100,000 voters on the 1999 voters roll were actually dead. The prevention of such fraud requires that civil and voter registers be totally compatible and electronically sound to be able to capture deceased persons and update the voter's roll on time.

Voter registration has not always been a smooth exercise in South Africa either. In the 1999 national elections the verification process was incomplete because the voters roll did not contain addresses of the potential voters. According to the Electoral Institute of Southern Africa (EISA), the Independent Electoral Commission (IEC)'s check of names on the roll against the population register maintained by the Home Affairs Ministry, and the list of bar-coded identity cards, revealed a substantial number of names improperly entered. Four percent of the names were removed because they were believed to be deceased. Although there were claims by the IEC that the roll represented a registration level of 80 percent of a total of 22.3 million, there were lingering doubts about its accuracy among some stakeholders.

Political Party Support Base

Deeper insights into party political support are also required. The

demographics of many African countries indicate that the majority of the populations are younger, that is below age 65 years. While nationalising parties tend to have members who are older, the new parties born with the dispensation of multiparty democracy appeal to the younger groups, incidentally the same age group hardest-hit by the Aids pandemic.¹¹ There are strong possibilities that smaller parties with younger membership will experience an erosion of their support base and might also lose more MPs. The Movement for Democratic Change (MDC) in Zimbabwe for example has had to rely the new urban-based generation for much of its support.

Electoral Management and Administrative Processes

In the same vain, the Electoral Management Bodies (EMBs) in Africa rely heavily on civil servants, teachers and other public workers to serve as election officers, monitors and the like. These form some of the groups most vulnerable to HIV/AIDS. It has been stated by some experts that rural-based teachers become particularly susceptible because they are required to collect their monthly earnings from a central provincial capital. The dislocation from their homes does expose them to dangerous situations. The same is true of any profession that entails relocation and travel. It is amongst teachers and other public workers that the EMBs harvest their part-time employees during elections. The principal purpose of an EMB should be to protect and strengthen multiparty democracy in order to cultivate a truly pluralistic, open and tolerant political culture. The level of

¹¹ Graham P. Presentation to the researchers workshop: Idasa/HEARD/DARU April 2002.

responsibility that rests with the EMB and its staff is, therefore considerable.

Electoral experts argue that this system of multiparty elections is fairly new in the region and the number of persons with specialised skills and expertise in this area is still also limited. It is anticipated that it is at this level that the epidemic will have its most severe impact for electoral institutions – the loss of skilled personal and experts to AIDS. Some important impacts include:

- The loss of experienced staff will affect institutional memory, deplete skills base and possibly increase the costs of re-training. It is to the EMBs advantage if the pool of skilled and experienced personnel endures for a long period. Having to re-train substantially larger numbers each election year could impact on quality of delivery and costs in all respects. In the 1999 general elections, the IEC in South Africa recruited and trained 10,000 monitors. These were “overwhelmingly black and young”¹² and could build on further experience to develop the expertise of their first elections.
- The integrity of an Electoral Management body is paramount to the overall integrity of an election. It manages the entire process and certifies the credibility of the poll. In this regard, an EMB must have persons of high integrity in society; Persons who are deemed to be impartial by political contestants and other stakeholders. The loss of such high-standing personalities would impact on the perceptions of stakeholders and possibly harm the integrity of the poll.

¹² Lodge et al.(eds) (2002)Compendium of Elections in Southern African. EISA.

In sum, Aids could systematically destabilise electoral processes to a point where:

- elections become less legitimate due to poor participation;
- the frequency of by-elections consumes vital national resources;
- the failure of voter registration systems to capture dead voters creates greater perceptions of fraud or instigates fraud thereby causing unnecessary post-election conflict.

It is argued that there are structural changes that could be made that will improve the situation, ease the pains of the affected by enabling them an opportunity to hold their government accountable. These are matters the national strategy against Aids must incorporate to mitigate the pandemic’s impact. Ultimately, however, it is the holistic response resting on the ability of a country to create an Aids competent society; to mobilise enough resources to implement prevention, treatment, care and support programs covering all affected and infected.

Advocates of good governance as it relates to Aids would call for more concerted actions that lead to resource mobilization, necessary to respond more effectively to the pandemic. Such a response would include a package that addresses:

- Free education with two meals for all children (to assist in particular large numbers of orphans also future voters)
- Free health care for TB and STI clients
- Old age pension to assist care givers, mostly mothers bearing the brunt of tending to the sick

- Distribution of free condoms and intensification of Aids awareness programmes
- Universal, free anti-retroviral treatment to extend the lives of those infected
- Drugs to prevent Mother-to-Child Transmission and assist to create an Aids free generation
- Institution of legal/policy reform to embrace human rights, eliminate all forms of discrimination, be they cultural or legal in nature.
- Policy/legal frameworks that facilitate greater participation in public political life; including adequate incentive to engage in elections and electoral processes with minimum impediments

Such interventions will no doubt require massive injection of funds to become

reality. The UNAIDS report *Accelerating Action against Aids in Africa*, that was launched at the ICASA conference, says Africa spent \$950 million dollars on Aids in 2002, an increase of \$400,000 from 2000; but that is only half of the \$ 2 billion required in 2002 for basic prevention and treatment services. UNAIDS forecasts that Africa will need \$5billion by 2005, for basic services. Additionally it will require an extra \$1 billion for Anti-retroviral drugs for 2.5 million people living with HIV. A shortfall of \$3 billion is still anticipated.

At the moment, with limited international support, the threat is immense but the response is largely inadequate.

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