AIDS and Democracy: What Do We Know?
A Literature Review

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Introduction

This paper must begin with a cautionary note – that it does not represent a comprehensive inventory of all that has been done on the topic of HIV/AIDS and democracy, but rather all that the author was able to find given limited time and resources. Though efforts were made to broaden the reach of the review, the researcher's awareness of papers, symposia, and other work on this topic was limited primarily to those which she could access on the internet, or which were available locally or from people within her immediate sphere of operation. The workshop that will follow this paper is intended to provide a more complete picture of this field of inquiry in South Africa, the region, and beyond, and will consequently serve to augment the findings of this review.

In general, it is essential to note from the outset the paucity of substantive data and primary research on the topic of HIV/AIDS and democracy. The vast majority of sources discussed in this paper are theoretical or conceptual pieces which speculate – with varying degrees of expertise – on the possible, probable, or expected impact of HIV/AIDS on security and democracy, as well as the impact of insecurity and antidemocratic forces on accelerating the spread of HIV, or of democracy and governance on slowing that spread. Very few contain substantive proof of these predictions, a fact that should not be seen to dispute their findings, but rather to highlight the need for more systematic research in this field.

This paper is structured in two sections. The first reviews work on the impact of democracy, governance, security, and related factors on the spread and implications of HIV/AIDS. The second reviews a range of work on the impact of HIV/AIDS on democracy, governance and security.

Impact of Democracy and Security on the Spread of HIV/AIDS

There has been widespread speculation from various sectors that democracy and related factors – such good governance, social cohesion and a strong civil society, as well as the absence of violent conflict and political instability – can help slow the HIV/AIDS epidemic and minimize its impact.

Robert Mattes has offered some preliminary thoughts on how democratic governance could impact the spread of HIV/AIDS, and Samantha Willan has discussed these in her concept paper, *Considering the impact of HIV/AIDS on Democratic Governance and vice versa*.[1] For instance, Mattes notes a potentially important link between government legitimacy and prevention efforts. Legitimate governments, the paper argues, are more credible sources of information on HIV/AIDS, are more likely to have the public trust and thereby be able to "take the people with them" if they must make major policy and budgetary changes to combat the epidemic, and are more likely to persuade citizens to comply with efforts to slow the spread of HIV/AIDS.

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[1] Samantha Willan, *Considering the impact of HIV/AIDS on Democratic Governance and vice versa¸* Health Economics and HIV/AIDS Research Division (HEARD), University of Natal, Durban, June 2000, p. 15-16. Robert Mattes is currently head of the Democracy in Africa Research Unit (DARU) at the University of Cape Town, and was previously with the Institute for Democracy in South Africa (IDASA)

Democratically-elected governments generally enjoy greater legitimacy than other regime types. Mattes also suggests that democratic governments may enjoy greater citizen compliance with tax and rate payments, freeing more resources for government programmes, including those related to HIV/AIDS. In addition, he notes that public awareness of the epidemic may be higher in democratic societies – presumably as a result of free speech and a free press – which may translate into stronger demands for a government response to the epidemic, as well as greater citizen empowerment and collective action. Mattes also identifies a number of social-cultural factors that result from a democratic environment and contribute to slowing the spread of HIV. These include higher levels of "intersocietal and interpersonal trust," denser networks of "cooperative citizen groups," and higher levels of social capital, all of which enable and facilitate collective action to combat the epidemic and manage its impacts. Social capital, moreover, will reduce demands on government for social welfare and other support services. Finally, Mattes notes a list of factors related to democracy and governance which are widely believed to impact the epidemic, including greater gender equality, more stable family structures, norms of monogamy, and lower levels of labour migration.

Alan Whiteside, in a briefing to USAID, considers a number of other factors of democracy and good governance that may help slow the epidemic and minimize its impact.[2] First, he argues that a fair legal system and respect for human rights would help reduce stigma and increase openness, thus aiding prevention. Women's rights and the empowerment of women, in particular, are identified as crucial for prevention. Second, he suggests that a credible and competitive political process may make AIDS an election issue and thereby foster leadership around AIDS. In addition, a fair electoral system with participation by both genders will facilitate greater female representation in government, with positive externalities for HIV/AIDS prevention and treatment. Third, he contends that a strong civil society is essential to combating HIV/AIDS, a point that will be discussed in greater detail later in this paper. Fourth, he notes that transparent and accountable government institutions will improve the sharing of information around HIV and AIDS and possibly contribute to better leadership on this issue.

In a paper examining the impact of HIV/AIDS on "human security," Pieter Fourie and Martin Schonteich consider a number of factors that help spread HIV/AIDS (or help slow that spread), many of which are integrally linked to democracy.[3] The authors particularly focus on gender issues and the role of a human rights-based culture and polity – which is usually considered an aspect of a democratic system – in slowing the spread of the epidemic and mitigating its impact. Stigma and discrimination, the authors argue, hamper HIV/AIDS interventions, an obstacle that could be minimized by a socially- and legally-entrenched respect for human rights. Respect for human rights would also ostensibly ease gender inequalities that heighten women's

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[2] Alan Whiteside, *The Threat of HIV/AIDS to Democracy and Governance*, Briefing prepared for USAID, 1999.

[3] Pieter Fourie and Martin Schonteich, *The Impact of HIV/AIDS on Human Security in South and Southern Africa*, paper delivered at a South African Association for Political Science (SAAPS) conference, October 7, 2001, University of Durban, Westville. The pair also published an updated version of this paper: Pieter Fourie and Martin Schonteich, "Africa's New Security Threat: HIV/AIDS and human security in Southern Africa," *African Security Review* 10:4, 2001, http://www.iss.co.za (15/04/02).

susceptibility and vulnerability to the HIV/AIDS epidemic. The authors restate the widely-accepted argument that gender inequality helps drive the epidemic, because women are "culturally disempowered" to insist on safe sex and are often materially and socially dependent on men, a situation exacerbated by the large number of partnerships between older men and younger women or girls. In addition, they note that gendered laws and cultural norms – such as those governing land tenure, which can result in widows losing the right to their family's land, and therefore their means of survival – increase the vulnerability of women to the impacts of HIV/AIDS.[4] "Only within a human rights culture – a culture of free speech, tolerant of alternative ways of viewing gender relations and societies' rules around such relations – would there be any possibility of particularly women's susceptibility and vulnerability to the disease being addressed," write Fourie and Schonteich.[5]

Another comprehensive analyses of this relationship is a brief paper by David Patterson for the Interagency Coalition on AIDS and Development, based in Canada.[6] Though it does not explicitly set out to examine the link between democracy and AIDS, the paper discusses a number of factors of democracy and good governance that can facilitate more effective responses to the AIDS pandemic. These include a strong civil society, which the author contends is essential to any national response and can also provide alternative avenues for service provision when government services are ineffective. Patterson also claims that national AIDS policies are implemented more quickly when a broad, consultative process is undertaken, which is more likely in a democratic system. Commitment by top political leaders to addressing the epidemic is also more likely in a democracy, Patterson contends, arguing that, "political commitment is more likely if government leaders must face the consequences of non-action," such as being voted out of office.[7] As evidence, he cites research by Jonathan Mann that found countries whose leaders remained silent on HIV/AIDS ranked lower on the UNDP's Freedom Index.[8] Finally, Patterson discusses the important role of a free and active press, another element of a democratic society and system. He draws parallels between the AIDS epidemic and famines, which development theorist Amartya Sen has argued do not occur in countries with a free press. The press exposes that the famine is caused not by an overall lack of food but by a lack of access to food by certain populations, and "once exposed, the failure to act is absolutely intolerable."[9] Patterson argues that the same mechanism could apply to HIV/AIDS epidemics, spurring action in heavily-affected countries.

The Pact AIDS Corps, one arm of an international development organization that works primarily on developing capacity within civil society organizations, has compiled a tool kit for applying democracy and governance (D&G) approaches to HIV/AIDS prevention and care interventions. The premise of this work is that D&G

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[4] Fourie and Schonteich, p. 15.
[5] Fourie and Schonteich, p. 19-20.
[6] David Patterson, *Political Commitment, Governance and AIDS: A Discussion Paper*, Interagency Coalition on AIDS and Development, December 1, 2000.
[7] Patterson, p. 4.
[8] Jonathan Mann, D. Tarantola, and T. Netter, *AIDS in the World*, (Cambridge: Harvard University Press, 1992), p. 286, cited in Patterson, p. 4.
[9] Patterson, p. 4.

has "a strategic role to play in … expanding and enhancing HIV/AIDS responses."[10] The tool kit discusses a number of D&G concepts and activities with application to the AIDS pandemic: the rule of law, increased citizens' participation, increased capacity, and enhanced flow of information.[11] The kit lists objectives and applications for each to the AIDS field, identifies some key gaps and challenges facing current HIV/AIDS interventions, and then explores in detail how D&G initiatives in each of these four areas can contribute to addressing some of the key challenges facing AIDS programmes. They also provide descriptions of specific tools – contributed by individuals and organisations working in the D&G and AIDS fields in Africa and elsewhere – that can be applied to address the relevant challenges.

Under the *rule of law*, the Pact authors name "accessing basic freedoms" as the HIV/AIDS challenge, and "promoting human rights" as the D&G response. They highlight the need to combat institutionalised stigma and denial at a government level and the violation of personal freedoms at the community level, by providing equal access to justice for individuals infected and affected by HIV/AIDS.[12] Under *increased citizen participation*, the HIV/AIDS challenge is to promote participation and collaboration, and the D&G response is to promote participation by working with local government, "cultivating stronger leadership and more effective advocacy strategies" for the AIDS field, and "reinvigorating hope."[13] For *increased capacity*, the HIV/AIDS challenge is addressing the demand for services, and the D&G response is to strengthen capacity, particularly within AIDS Support Organisations (ASOs).[14] Finally, the HIV/AIDS challenge related to an *enhanced flow of information* is "turning information into empowerment," and the D&G response is to "make information powerful" by promoting freedom of expression and a free press, disseminating information and resources directly to communities, and communicating effectively with the media.[15]

Constance Kunaka also argues that democracy can help slow the spread of HIV and mitigate its impact. "Democracy and governance become central processes in the fight against HIV/AIDS," she contends.[16] In particular, Konaka argues that adding a human rights dimension to HIV/AIDS prevention and treatment will give the HIV/AIDS movement mobilising power and help it to empower women, children, sex workers and prisoners to avoid coerced and unsafe sex.

Lee-Nah Hsu, manager of the UNDP's HIV and development project in South-East Asia, has compiled an analysis of the role of good governance in slowing the spread of HIV.[17] Hsu claims that a combination of good governance and development result in low and stable HIV prevalence. As evidence, Hsu uses income inequality as a

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[10] Pact AIDS Corps, *Survival is the First Freedom: Applying Democracy & Governance Approaches to HIV/AIDS Work*, March 2001, p. 8, http://www.pactworld.org/Aidscorps/tool_kit.htm (04/02).
[11] The paper also identifies the D&G concepts of advocacy and transparency/accountability as relevant to HIV/AIDS, but on these it does not elaborate further. Pact AIDS Corps, p. 11.
[12] Pact AIDS Corps, pp. 17-18.
[13] Pact AIDS Corps, p. 23.
[14] Pact AIDS Corps, p. 43.
[15] Pact AIDS Corps, pp. 61-62.
[16] Constance Kunaka, *HIV/AIDS, Democracy and Governance in Southern Africa*, Unpublished paper, February 2000.
[17] Lee-Nah Hsu, *Governance and HIV/AIDS*, United Nations Development Programme, South-East Asia HIV and Development Project, March 2000.

proxy for bad governance, and GNP as a proxy for development, and show that each correlate with HIV prevalence (the former directly, the latter inversely). He also discusses how certain factors of good governance can contribute to slowing the spread of HIV, such as: the rule of law, by empowering women and enabling people of both genders to know their rights and use legal frameworks to improve their lives; transparency, by facilitating the flow of information about HIV/AIDS; and "responsiveness to the needs and wishes of stakeholders and constituents."

Finally, in an analysis of political factors that shaped and hindered AIDS policy-making in South Africa from 1990 to 2001, Ryann Manning identifies some links between democratic norms and structures and more effective AIDS policies. For instance, she notes the importance of South Africa's post-apartheid emphasis on human rights to minimising discrimination against infected people and preventing discriminatory policies. She also identifies some areas in which a more-democratic approach to policy-making would have resulted in more effective policy making. In particular, she argues that what she characterises as an often-defensive reaction by the government to criticism and debate around its HIV/AIDS policies eliminated an avenue by which those policies could have been improved. By dismissing the unsolicited input of many stakeholders in the HIV/AIDS field, the government "missed the opportunity to foster quality evaluative input and improve the nation's AIDS policies," she argues.[18]

Civil Society
One component of democracy that is commonly believed to help slow the epidemic and mitigate its impact is a strong and vibrant civil society. Willan explores this hypothesis in her paper, speculating that, "by building strong civil societies – which both strengthens democratic governance, and is a pre-requisite for it – societies are less likely to experience an HIV epidemic, and are more able to respond to, and control the epidemic."[19] Willan acknowledges that she was able to find no systematic research that has tested this hypothesis, and indeed proposes a research plan that would do so. She also notes the findings of research in Uganda during the early 1990s which suggested that the success of Uganda's HIV/AIDS interventions in slowing the epidemic may have come not from the direct impact of the interventions but from their role in strengthening civil society, which in turn then slowed the epidemic.[20]

Whiteside, in his USAID briefing, also discusses the potential for civil society to be a positive factor in resisting the spread and devastation of the HIV/AIDS pandemic.[21] He ties this in part to his theories on social cohesion, which are discussed in detail in the next section of this review, but also states explicitly that "societies with a high development of civil society and good governance are less likely to experience an HIV epidemic, and more likely to respond to the epidemic and control the spread of HIV." In addition, he argues that "developed democratic systems and civil society

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[18] Ryann Manning, *Noble Intentions, Harsh Realities: The Politics of AIDS Policy in South Africa,* A thesis for the Woodrow Wilson School of Public and International Affairs at Princeton University, April 5, 2001.
[19] Willan, p. 14.
[20] Research by Tony Barnett, cited in Willan, p. 23.
[21] Whiteside, *The Threat of HIV/AIDS to Democracy and Governance*.

not only provide a measure of defence against HIV spread but also assist social response and mitigate the impact."

The United Nations Development Programme (UNDP), in a document discussing the need for good governance as a component of any national programme to tackle HIV/AIDS, also touches on the importance of civil society. The document attributes the success of Senegal in containing the epidemic to a "flourishing of partnerships" between government and civil society.[22] The document also cites the importance of a decentralised response with involvement of all levels of government, which can be seen as a more democratic approach to governance than top-down management.

Social Cohesion
Related to the importance of civil society in combating the epidemic is the theory of social cohesion as an intermediary factor that can slow the spread of HIV/AIDS. Alan Whiteside and Tony Barnett have hypothesised that the relative degree of social cohesion and overall levels of wealth in different societies determine how rapidly and how extensively an HIV/AIDS epidemic will spread.[23] Based on these criteria, they group nations into four categories with four corresponding epidemic curves: societies with high levels of both social cohesion and income will not experience a serious epidemic, but one that moves slowly and peaks at a very low level; societies with high levels of social cohesion but low income will experience a very slow-moving epidemic, with infection checked by social controls; societies with low levels of social cohesion and low incomes will experience epidemics that develop slowly at first but accelerate later and eventually reach high levels of prevalence; and societies with low social cohesion and high income will experience the most rapidly-spreading epidemics and the highest overall levels of infection. However, the link between democracy and social cohesion, and thereby between democracy and the spread of HIV, is complicated. As Whiteside and Barnett indicate, social cohesion can as likely stem from authoritative governing structures or restrictive religious traditions as from democratic inclusion and participatory civil society structures.[24] Thus, even if higher levels of social cohesion can help slow the epidemic, there is no certainty that democratisation will increase social cohesion.

Conflict and Instability
It is widely accepted that conditions of war, political instability and violent conflict provide fertile ground for the spread of HIV. As activist and former Mozambican education minister Graca Machel has written, "The chaotic and brutal circumstances of war aggravate all the factors that fuel the HIV/AIDS crisis."[25] Machel highlights the disruption of families and communities, the creation of vast refugee population, the increased risk of sexual attack on women and children, the destruction of health services – including blood screening efforts – and the disruption of education systems that could teach AIDS prevention as very important to driving the pandemic. She also

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[22] "HIV/AIDS – A Governance Challenge," United Nations Development Programme, Bureau for Development Policy, Special Initiative on HIV/AIDS, July 2001, http://www.undp.org/hiv/index.html (03/02).
[23] Tony Barnett and Alan Whiteside, "HIV/AIDS and Development: Case Studies and a Conceptual Framework," *The European Journal of Development Research* 11:2, December 1999, pp. 200-234.
[24] Barnett and Whiteside, p. 225.
[25] Graca Machel, "Conflict Fuels HIV/AIDS Crisis," *SHAAN online: IPS e-zine on Gender and Human Rights*, 2002, http://www.ipsnews.net/hivaids/section1_2.shtml (04/04/02).

notes the role of military forces in spreading HIV in times of conflict, through sexual abuse and exploitation, the frequenting of commercial sex workers, the high infection rates among personnel and the lack of voluntary counselling and testing programmes serving these populations.

A recent symposium of people involved in efforts to combat HIV/AIDS in post-conflict societies in Africa identified a similar list of mechanisms by which conflict contributes to the spread of HIV, based on evidence from throughout the continent.[26] These mechanisms include the dislocation of communities, creation of flows of refugees, disruption of family life, contact between fighters and civilian women and children vulnerable to sexual exploitation and violence, the breakdown of services, and psychological stress.

At another recent forum on AIDS and violent conflict in Africa, Milicent Obaso from the Africa Initiative of the American Red Cross discussed factors in conflict situations that help spread HIV.[27] Massive migration is one major factor, both external migration (refugees) and urban-rural migration, as people return to rural home areas when conflict strikes and as demobilized soldiers return home. These massive population movements can bring an influx of people and of new strains of the virus to less-affected areas, placing them at risk. Commercial sex workers often serve refugee camps, spreading the disease to the local community. The lack of health services and general chaos of conflict can also contribute to the spread of HIV, including through unsafe blood transfusions and the lack of supplies to prevent the risk of HIV and other disease transmission for health care workers. The disintegration of families and social norms can also disrupt care, counselling, and other assistance for the infected and affected, while high rates of sexual assault and rape and large numbers of orphans – both conflict-orphans and AIDS-orphans – substantially increase HIV infection rates.

The role of soldiers in spreading HIV has been one of the most widely-considered topics in the field of violent conflict and AIDS. Soldiers are themselves a high risk group for HIV infection, because of their age and gender structure, mobility, frequent separation from families, risk-taking ethos, and other factors, and generally have a higher HIV prevalence than the civilian population in their home countries.[28] They are then believed to be a conduit for spreading HIV to civilian populations, particularly in rural or isolated areas.

Some of the earliest work on the links between HIV/AIDS and the military was by Alan Whiteside and David FitzSimons, who published a paper in 1992 entitled "The AIDS Epidemic: Economic, Political and Security Implications" which looks at the implications of HIV/AIDS for national, regional and global security and stability.[29]

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[26] Senzo Ngubane, "aids in post conflict societies," *Conflict Trends*, No. 1/2001, The African Centre for the Constructive Resolution of Disputes, http://www.accord.org.za/web.nsf (03/02).

[27] Milicent Obaso, from *Plague Upon Plague: AIDS & Violent Conflict in Africa*, a Current Issues Briefing panel discussion organized by the United States Institute of Peace, May 8, 2001. Transcript accessed at http://www.usip.org/oc/cibriefing/plague_cib.html (03/02).

[28] For sources that explore the risk factors that make military personnel more susceptible to HIV, see the section later in this paper on the impact of HIV/AIDS on conflict and security.

[29] Alan Whiteside and David FitzSimons, "The AIDS Epidemic: Economic, Political and Security Implications," *Conflict Studies 251*, (London: The Research Institute for the Study of Conflict and Terrorism, May 1992). A second paper by this pair examined the broader connections between conflict, war and public health. D.W. FitzSimons and Alan Whiteside, "Conflict, War and Public

Whiteside and FitzSimons, like many, have noted that soldiers are often a transmission vector for the HI virus, due to higher infections rates than civilian populations, the abandonment of social norms during conflict – with resulting surges in sexual activity and even rape – and the collapse of prevention programmes.[30]

In particular, many analyses have considered the link between the demobilisation of military forces and the spread of HIV. In an article entitled, "A policy critique of HIV/AIDS and demobilisation," Johanna Mendelson Forman and Manuel Carbello explore this issue in some depth and offer a series of policy prescriptions.[31] The authors review the factors that make military personnel a high risk group for HIV infection, and note recognition by both national governments and the United Nations that the deployment of soldiers as combatants or peacekeepers puts both the soldiers and civilian populations at heightened risk for HIV. They offer some striking statistics on HIV infection and AIDS-related mortality in militaries in Africa, and note the need for HIV-prevention efforts among military personnel and the possible external benefits of these for civilian communities. They then turn to the issue of demobilisation and reintegration of former combatants:

> "Given the generally high levels of HIV/AIDS in the armed forces, if demobilisation programmes do not include prevention and peer counselling, the reintegration of HIV-positive soldiers into new communities and the return of combatants to their original villages may result in a major proliferation of the virus."[32]

In order to minimize this risk, the authors argue that demobilisation programmes intended to disarm former combatants and ease their transition to civilian life must include disease prevention and education components. They discuss ways in which HIV/AIDS prevention efforts can be integrated into demobilisation efforts, noting potential avenues for counselling, testing, education and prevention, for both military personnel and members of the communities to which they will return. The article concludes with a number of policy recommendations for how "security-sector reform" can include HIV prevention and impact-mitigation efforts for soldiers and demobilised former combatants.

Carballo has also teamed with two other researchers to develop a "Crisis and Transition Tool Kit" on *Demobilization and its Implications for HIV/AIDS*.[33] This detailed toolkit addresses the health-related risks and opportunities posed by the increasing demobilization of military forces in Africa and worldwide. The authors, as in the previous paper, discuss the contribution of conflict and militaries to the spread of HIV, give statistics suggesting higher rates of HIV and other STDs among members of the military than in civilian populations, and evaluate the consequent

Health," *Conflict Studies 276*, (London: The Research Institute for the Study of Conflict and Terrorism November/December 1994).

[30] Whiteside and FitzSimons, p. 30.

[31] Johanna Mendelson Forman and Manuel Carballo, "A policy critique of HIV/AIDS and demobilization," *Conflict, Security & Development 1:2*, London: The Conflict, Security & Development Group, Center for Defence Studies, King's College, pp. 73-92.

[32] Forman and Carballo, p. 79.

[33] Manuel Carballo, Carolyn Mansfield, and Michaela Prokop, *Demobilization and its Implications for HIV/AIDS*, a Crisis and Transition Tool Kit, International Centre for Health and Migration (ICHM), October 2000, http://www.certi.org/publications/policy/demobilization-6.PDF (03/02)

risks involved in sending former soldiers or armed combatants back into civilian communities without proper prevention and treatment interventions. The tool kit then explores in detail the stages and elements of demilitarisation, disarmament, downsizing, demobilization and reinsertion, and the opportunities therein for incorporating HIV/AIDS education and treatment. The authors argue that linking HIV/AIDS prevention to existing demobilisation efforts would improve cost-effectiveness by streamlining efforts and rationalising human and financial resources (because the same donors and organizations are often interested both in demobilisation and HIV). In addition, this integration would place AIDS prevention on a nationally- and internationally-supported political agenda, and "would also reach a population that is not only at high risk of the disease but that also has capacity to benefit from and contribute to HIV/AIDS prevention within its own ranks and in the larger community." They note, for instance, that military personnel can be a captive audience for AIDS prevention, because they are "trained to accept and internalise new information," and that some demobilized personnel even could be trained to provide HIV/AIDS prevention education to their colleagues and to the wider community. The paper concludes with some concrete recommendations for how to integrate AIDS interventions into demobilization work.

A number of other people have considered many of the same topics and issues raised here. For instance, Fourie and Schonteich also discuss the role of military conflict, armies, and peacekeepers in facilitating the spread of the epidemic.[34] KC Goyer, in a short piece on HIV and political instability, discusses ways that military deployment and risky sexual acts that tend to increase among deployed forces – from rape to homosexual behaviour – help to spread the disease, and how soldiers can help carry HIV infection to areas that were previously relatively untouched by the epidemic. She also notes that the ability of a government to respond effectively to HIV/AIDS is severely undermined in times of political instability, crisis, or conflict, contributing to a vicious downward spiral between HIV and instability.[35]

Impact of HIV/AIDS on Democracy, Governance, and Security

A number of political theorists, public health experts, policy analysts and others have examined the potential impact of HIV/AIDS on democracy, with most concluding that the epidemic is likely to have a dire impact on the effectiveness and long-term sustainability of democracy in heavily-affected regions. Very little of this work is based on substantive evidence of an impact on democracy, and rather presents informed but speculative analyses based on the available epidemiological data and knowledge of political systems, democratic theory, international relations, and related fields.

The basis for much of the thinking around HIV/AIDS and democracy lies in research on the link between poor health and political instability and between good health and democracy. For instance, a well-known study by Ted Robert Gurr, et al, examines the causes of state instability and failures of governance in 127 states between 1956 and 1996. Gurr found that infant mortality was strongly correlated with political

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[34] Fourie and Schonteich, p. 6-10.
[35] KC Goyer, "HIV and political instability in sub-Saharan Africa," *AIDS Analysis Africa* 12(1), June/July 2001, pp. 13 and 16.

instability – which the researchers defined as revolutionary wars, ethnic wars, genocides, and disruptive regime transitions – particularly in cases of partial democracies.[36]

In recent years, researchers and analysts have begun to address the specific case of HIV/AIDS and democracy. A few have attempted to tackle the problem holistically, exploring the multiple avenues by which the epidemic may undermine democracy in affected areas. One such paper is the briefing by Alan Whiteside to USAID, discussed earlier in relation to the impact of democracy and governance on the spread of HIV.[37] Whiteside lists a number of ways that HIV/AIDS could impact democracy. The illness and death of prime-age adults in their thirties and forties will thin the ranks of citizens who "keep the wheels of commerce and the state turning, and [who] will provide the next generation of leaders." These deaths will also represent a loss of human capital, or a waste of resources invested in education, training and experience. Increasing numbers of orphans, he argues, will represent a potential long-term threat to stability and development, while illness and death within military ranks may also jeopardize stability and security. Whiteside also suggests that, without sufficient political leadership, the epidemic could lead to social instability via economic crises, stigma, blame and anomie. He also states that AIDS represents a potential threat to human rights, and is likely to result in government inefficiency and economic stagnation. Finally, he lists a number of more specific impacts on USAID's democracy and governance objectives, including the potential for mortality of police and legal officers to undermine the rule of law, the need for frequent by-elections due to illness and death among politicians possibly reducing "political credibility," and the loss of election officers decreasing the efficiency of electoral administration.

Another broad analysis of the impact of HIV/AIDS on democracy and governance is the concept paper by Samantha Willan, also discussed earlier. Willan begins by noting the paucity of research on this topic, which she calls "crucial for the survival of democratic governance in some countries."[38] In theorizing an impact, she notes the likely impact of AIDS-related morbidity in mortality on "the size, strength, and leadership experience" of civil society.[39] She also again cites unpublished, preliminary ideas by Robert Mattes. Willan lists five categories of impacts identified by Mattes. The first of these is increased budget demands, stemming from increased demands on health and welfare systems and linked to a crowding-out of non-health spending in order to meet escalating costs in the public health sector. Second is a simultaneous reduction in the tax base, as AIDS decimates the economically-productive sector of society. Third is a decrease in citizen 'support' for democratic government – "if you have a fatal disease, or if your life is burdened with caring for such people, why does it matter how you are governed?" – and a possible "desperation to try any form of government that promises to offer a solution."[40] The

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[36] Cited in David Gordon, et al, *The Global Infectious Disease Threat and Its Implications for the United States*, NIE 99-17D, National Intelligence Council, Central Intelligence Agency, January 2000, http://www.cia.gov/cia/publications/nie/report/nie99-17d.html (18/03/02). Other researchers have confirmed this link between infant mortality and democracy, including Thomas Zweifel and Patricio Navia, "Democracy, dictatorship and infant mortality," *Journal of Democracy* 11:2, 2000, pp. 99-114, cited in Youde, p. 5.
[37] Whiteside, *The Threat of HIV/AIDS to Democracy and Governance*.
[38] Willan, p. 9.
[39] Ibid, p. 11.
[40] Willan, p. 11.

fourth category is a decrease in citizen participation in democracy, because both being ill yourself and caring for others decreases the time and resources available to get involved in democracy, while being diagnosed HIV-positive may decrease or eliminate the incentives for involvement in political life. Finally, the fifth category is a decrease in citizen compliance – in areas such as the payment of rates and taxes – as a result both of a decrease in incentives for compliance and an increase in poverty and desperation.

Another of the more comprehensive analyses of HIV/AIDS and democracy is the paper, *"All the Voters Will Be Dead": HIV/AIDS and Democratic Legitimacy and Stability in Africa* by Jeremy Youde, a fellow at the University of Iowa in the United States.[41] After providing some contextual information on the role of infectious disease in political change throughout history, as well as the increasing burden of infectious disease in recent years, Youde outlines a theoretical link between disease and democratic legitimacy and stability, and outlines the expected consequences of HIV/AIDS for democracy. AIDS, Youde argues, could exacerbate social cleavages and group tensions, and also undermine state capacity and contribute to "institutional fragility." The impact of the epidemic on democracy, which Youde characterizes as indirect, occurs as "HIV/AIDS disrupts the mechanisms that support elections, economic growth and civil society."[42]

Youde's main argument focuses on three avenues by which he believes HIV/AIDS will undermine democracy: by hindering the administration of elections and undermining their legitimacy, retarding economic growth, and weakening civil society.[43] Based on information from five very hard-hit southern African democracies – Botswana, Lesotho, South Africa, Zambia and Zimbabwe – Youde discusses these potential impacts in some detail. Electoral administration, for instance, he argues will be hindered by the increasingly challenging task of updating voter rolls to purge dead "ghost voters," the high and increasingly unsustainable cost of elections, the loss of skilled and impartial civil servants needed to administer elections, and the disenfranchisement of infected and affected citizens due to burdensome registration requirements,. These impacts, in turn, are likely to undermine the legitimacy of elections and of democracy itself. Youde also outlines the detrimental impact of HIV/AIDS on the economy, as well as the widely accepted relationship between economic growth and democratic sustainability, both quite firmly established by extensive research and analyses, and argues this is another avenue by which HIV can undermine democracy. Finally, he argues that HIV/AIDS will undercut civil society, because the disease disproportionately affects the populations central to a strong civil society – young people, and the educated and professional classes – and asserts that these impacts are already being felt.

Another excellent exploration of these issues is the paper by Fourie and Schonteich on HIV/AIDS and human security, also discussed earlier. The authors examine the links between HIV/AIDS and security – defined broadly, to include safety from both violent and non-violent threats – in "public and private spaces."[44] These range from

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[41] Jeremy Youde, *"All the Voters Will Be Dead": HIV/AIDS and Democratic Legitimacy and Stability in Africa,* University of Iowa, August 15, 2001.
[42] Youde, p. 8-9.
[43] Youde, p. 9-10.
[44] Fourie and Schonteich, p. 11.

macroeconomic impacts to the impact on gender equality. One realm of security, for instance, is food security, and the authors predict a substantial impact on food production, potentially spurring large-scale migration of refugees and internally-displaced peoples fleeing hunger and food shortages, which in turn will increase vulnerability to HIV infection.[45] Also included are issues of HIV and governance, and the authors note the paucity of work on the topic and cite Willan and Goyer (both included elsewhere in this review) as two of the only analysts to explicitly address the topic. Fourie and Schonteich then attempt to outline the conceptual issues around HIV and political stability. The epidemic, they argue, interacts with other population pressures, such as migration and urbanisation, to create more volatile social and political situations. It is likely to produce heightened competition for limited resources and exacerbate intergroup tensions, and also to weaken the capacity of governments and governing institutions, especially on delivery of social services, by sapping human and financial resources. In addition, if the government is perceived to be poorly addressing HIV/AIDS-related issues, the epidemic could "produce a heightened sense of marginalisation amongst affected populations and a stronger sense of deprivation and resentment towards the government" which may result in spontaneous violence or the manipulation of dissatisfied groups to contribute to partisan violence. Fourie and Schonteich's paper also discusses the link between HIV/AIDS and crime, but their arguments and conclusions on that topic will be discussed in the section on *Orphans, Crime and Security.*

A team of researchers at the Centre for AIDS Development, Research and Evaluation (Cadre) have compiled a comprehensive literature review, *The Economic Impact of HIV/AIDS on South Africa and its Implications for Governance.*[46] This paper is an exhaustive review of existing research on the macroeconomic and demographic impact of HIV/AIDS; the impact on sectors, firms, workplaces, and households; the response of government, sectors, firms, workplaces, and NGOs; the treatment and care response; and the behavioural and social response. The authors do an excellent job of assessing the quality and extent of existing research, and identifying problems, gaps, and areas for future research. Unfortunately, the literature review turned up such a paucity of research on the implications for governance that the topic is really only addressed briefly in the introductory section, though some of the sections – such as those on the responses by governments and by civic organisations and communities – are certainly informative from a democracy and governance perspective.

Finally, a paper by Ryann Manning takes a theoretical perspective to explore conceptually the potential impact of HIV/AIDS on democracy. [47] The paper examines some theoretical definitions of democracy, and identifies ways in which HIV/AIDS could be expected to detrimentally impact some of the central elements of democracy, such as inclusion and the opportunity for effective participation. The paper then considers the potential impact of HIV/AIDS on factors that are believed to help

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[45] Fourie and Schonteich, p. 14.
[46] Warren Parker, Ulrike Kistner, Stephen Gelb, Kevin Kelly, and Michael O'Donovan, *The Economic Impact of HIV/AIDS on South Africa and its Implications for Governance: A Literature Review*, The Centre for AIDS Development, Research and Evaluation (Cadre), USAID, and The Joint Center for Political and Economic Studies, November 2000.
[47] Ryann Manning, *Applying Democratic Theory: The Case of HIV/AIDS*, unpublished paper, March 15, 2002. Health Economics and HIV/AIDS Research Division (HEARD), University of Natal, Durban.

sustain democracy. These factors include economic growth; essential political institutions, such as elections, constitutionalism, and decision-making and service-delivery institutions; a cultural support for democracy and general "civic-ness" in a society, including democratic participation and a strong civil society. The author concludes that HIV/AIDS has the potential to undermine democratic institutions and the many of the factors that are believed to help sustain nascent democracies, but that this impact is not certain and consequently there is a need for systematic research to determine whether AIDS is indeed having such an impact in affected countries.

Government Capacity and Legitimacy
Many analysts have argued that AIDS will – and, in some cases, already does – undermine government capacity and the ability to provide services to the public.[48] This impact is described as follows by a United Nations General Assembly roundtable: "HIV/AIDS has a disastrous impact on the capacity of Governments to deliver basic social services. Human resources are lost, public revenues reduced and budgets diverted towards coping with the impact."[49]

As part of a panel discussion at the United States Institute for Peace, Thomas Homer-Dixon argued that the principal impact of HIV/AIDS will be on the state, and that the disease "will have a tremendous capacity to weaken the state" by undermining human capital and fiscal resources. He also outlines the concept of an "ingenuity gap," whereby the AIDS pandemic creates an increasing demand for ideas – or *ingenuity* – to solve practical, social, and technical problems, but simultaneously reduces the capacity of society to provide good ideas. "Disease and its consequences undermine the very adaptive capacity of the societies," he explains, "the adaptive capacity that they need to cope with the diseases that they're facing."[50]

One major avenue by which HIV/AIDS will impact state capacity will be through the civil service, which will experience increased personnel loss, rising absenteeism, and reduced productivity. As part of their series of "AIDS Briefs from sectoral planners and managers," Rose Smart and the Health Economics and AIDS Research Division (HEARD) at the University of Natal have produced a brief that addresses the internal and external impact of HIV/AIDS on the civil service and recommends responses to mitigate that impact.[51] Other government employees will face similar effects, and HEARD has also produced a toolkit for ministry employees that helps them identify, plan for and mitigate the impact on their ministries or departments. The toolkit, prepared by Abt Associates, warns that ministries are vulnerable to the impact of employee infections, and that "the ability of some Ministries to fulfil their functions will be severely impacted."[52]

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[48] Many of the comprehensive analyses reviewed above, including those by Whiteside, Youde, and Fourie and Schonteich, also mention the impact of AIDS on government capacity and/or legitimacy.

[49] *Special Session of the General Assembly on HIV/AIDS, Round table 3, Socio-economic impact of the epidemic and the strengthening of national capacities to combat HIV/AIDS,* June 15, 2001, United Nations 01-41428 (E), http://www.unaids.org (18/03/02).

[50] Thomas Homer-Dixon, from *Plague Upon Plague: AIDS & Violent Conflict in Africa*.

[51] Rose Smart, *AIDS Brief for sectoral planners and managers: Civil Service*, Health Economics and HIV/AIDS Research Division (HEARD), University of Natal, Durban, 2000.

[52] Abt Associates, *AIDS Toolkits: HIV/AIDS and Ministry Employees*, Health Economics and HIV/AIDS Research Division (HEARD), University of Natal, Durban.

Not only does AIDS have a detrimental impact on the capacity of government to provide services and fulfil its governing functions, but it could also undermine the government's public support and legitimacy. As Jennifer Brower and Peter Chalk explain in a paper on the security implications of infectious disease, "If left unchecked, disease can undermine public confidence in the state's general custodian function, eroding, in the process, a polity's overall governing legitimacy as well as undermine the ability of the state itself to function."[53] As disease reduces government capacity, moreover, this situation will worsen, further undermining public confidence and possibly leading to political or social instability.[54] Regarding the specific case of HIV/AIDS, the authors note that "confidence in government is further undermined by leaders such as South Africa's President Mbeki," whose questioning of the scientific and medical basis of AIDS many citizens consider irrelevant or foolish.[55]

A report by the International Crisis Group (ICG), discussed in greater detail below, also touches on the potential for the AIDS pandemic to undermine government legitimacy in hard-hit countries. "The rising inability of governments to respond effectively to the AIDS epidemic contributes to instability in a restive citizenry," the authors argue. Increasing demands for services in a context of limited resources – potentially declining as the epidemic causes economies to contract – makes it even more difficult for governments to respond effectively, and their failure to do so may cause the public to "see.. its leaders as part of the problem, rather than the solution."[56] Moreover, the authors argue that the decline and increasing marginalisation of governing institutions can create a potentially volatile situation. "The space left behind by deteriorating national institutions can all too easily be occupied by forces of destruction and conflict," either from internal or external sources.[57]

Other Components of Democracy

There are a number of other components of democracy that are expected to be negatively impacted by HIV/AIDS, such as civil society and human rights, and which will then threaten the success and survival of democracy. For instance, there seems to be a general consensus that HIV/AIDS will have a detrimental impact on civil society, which will in turn weaken the society's effort to combat the epidemic.[58] As David Gordon argues in a briefing for the United States Institute of Peace, the epidemic is "making tremendous inroads in to the professional classes – teachers, administrators, people who form the backbone of civil society. And that weakening of civil society… leads to a context in which the maintenance and sustainability of effective governance declines dramatically."[59]

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[53] Jennifer Brower and Peter Chalk, "The Security Implications of Infectious Disease and Its Impact on National and International Institutions and Policies," in *America's Real Achilles Heel. The Threat of Infectious Disease to National and International Security* (Santa Monica, CA: RAND, forthcoming in 2002), p. 6.
[54] Brower and Chalk, p. 14.
[55] Brower and Chalk, p. 7.
[56] *HIV/AIDS as a Security Issue,* International Crisis Group Report, Washington/Brussels, June 19 2001, p. 17.
[57] *HIV/AIDS as a Security Issue*, p. 19.
[58] The alternate postulate, that HIV/AIDS will provide a unifying foe around which civil society can mobilize, organize, and thereby (paradoxically) strengthen, does not seem to be as widely articulated.
[59] David Gordon, from *Plague Upon Plague: AIDS & Violent Conflict in Africa.*

In recognition of the potential vulnerability of the NGO sector to HIV/AIDS, Russell Kerkhoven and Helen Jackson prepared an AIDS Brief for the NGO Sector as part of the *AIDS Brief for sectoral planners and managers* series produced by HEARD. The brief provides guidelines and questions to help NGOs address the potential impact of HIV/AIDS, both internal and external, on their organisations. For instance, the authors prompt NGOs to look at how many days of work are being lost to funerals, care, and ill health, how the epidemic is impacting the morale of staff, and how open and supportive the organisation's culture is to the needs and concerns of HIV-positive staff. Externally, they are encouraged to consider how AIDS is likely to impact the population served, how it might change the population's needs, and how the NGOs might incorporate those changes into the work they do. Finally, the authors provide suggestions of responses that could help mitigate that impact, as well as current problems and future challenges around NGOs and HIV/AIDS.[60]

In her brief piece on HIV and political instability, Goyer argues that "HIV/AIDS [is] changing the interests, needs, and demographics of many constituencies – factors that will affect voting patterns and political activity." In addition, she notes that HIV/AIDS is likely to affect both democratic governance and political instability.[61]

Konaka addresses the potential consequences as the HIV/AIDS pandemic begins to undermine human rights and development. "Violations of human rights… pose a serious threat to democracy, and largely lead to political instability, negate economic development and threaten security of the individual," she argues. Konaka also reviews a number of ways by which HIV/AIDS undermines development, which in turn, she argues, "create an environment conducive to political and economic instability which, if left unchecked will impact negatively on fragile democratic processes in the region."[62]

National, Regional, and Global Security and Violent Conflict
The conception of HIV/AIDS as a threat to national, regional, and global security has gained rapid and widespread acceptance in recent years.[63] In July 2000, AIDS became the first-ever health issue to be addressed by the United Nations Security Council, which issued a resolution on HIV/AIDS acknowledging both that the AIDS pandemic is exacerbated by violence and instability and that the pandemic "if unchecked, may pose a risk to stability and security."[64]

Again, some of the earliest thinking on AIDS as a threat to security comes from Whiteside and FitzSimons's 1992 work, discussed earlier with regard to militaries as a vector of HIV transmission. The authors note that the potential for unrest lies in societal imbalances, which may be exacerbated by HIV/AIDS. In a section on

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[60] Russell Kerkhoven and Helen Jackson, *AIDS Brief for sectoral planners and managers: NGO Sector,* Health Economics and HIV/AIDS Research Division (HEARD), University of Natal, Durban.
[61] Goyer.
[62] Konaka.
[63] For additional resources on HIV/AIDS and security not included in this review – because the author was unable to secure copies during the time available – see the online list of resources on HIV/AIDS and conflict compiled by USAID as part of a Working Bibliography for Rethinking HIV/AIDS & Development at http://www.USAID.gov/regions/afr/conflictweb/AIDS_bibl.html (04/02).
[64] "Security Council, Adopting 'Historic' Resolution 1308 (2000) on HIV/AIDS, Calls for Pre-Deployment Testing, Counselling for Peacekeeping Personnel," United Nations Press Release SC/6890, July 17, 2000.

international relations and AIDS, the authors contend that "the ability of the disease to damage the global body politic is underestimated," but also recognize that the pandemic could spur international cooperation.[65] In terms of conflict and destabilisation, they note that not only is HIV spread by conflict, but that the epidemic could potentially disrupt national, regional, and global stability. They describe speculation that HIV will undermine stability by hitting first and hardest the educated classes and political leaders, thinning their ranks, reducing the quality of leadership and opening the door to instability as "various interest groups weigh their actions in the belief that they can govern better or more profitably."[66]

The link between HIV/AIDS and security is part of a larger, and growing, field of analysis that perceives large health crises, particularly infectious diseases, as a threat to global security. There is currently a great deal of activity in this field. For instance, a forthcoming analysis by Jennifer Brower and Peter Chalk discusses how infectious disease, including (but not exclusively) HIV/AIDS, can undermine security at individual, state, and regional levels. The case of AIDS applies to five of six avenues by which disease can threaten security: by threatening individual-level security; undermining confidence in the state, state legitimacy, and the ability of state to function; directly threatening military operations; and by presenting a threat that is impossible to counter by normal "border sovereignty" tactics.[67]

Andrew Price-Smith is another figure in the field of health-related security analysis. One of his publications is an article entitled *Contagion and Chaos*, which examines the threat to security by what he calls emerging and re-emerging infectious disease (ERID).[68] In a context where threats to state security are increasingly likely to come from within – and with conflict increasingly of an intra-state rather than inter-state nature – Price-Smith contends that infectious disease poses one of the gravest threats to national security worldwide. "The resurgence of ERID has significant implications for state survival, stability and prosperity, and ramifications for interstate relations," he argues. Moreover, he contends that these impacts are not merely hypothetical, and rather there is "growing evidence that increasing ERID incidence and lethality has impaired state capacity in Cambodia, Zaire, Rwanda, Haiti, Liberia, Burundi, Somalia, and Sierra Leone (among others) during the past decade."[69]

Price-Smith's analysis examines the impact of ERID on four "domains" at the state level – economic productivity, demography, defense, and governance – and also considers the broader, systems-level effects. Under demographic effects, he highlights the potential for infectious diseases to spur refugee movement and other internal and out-migration, and also notes the role of migration in spreading disease. In terms of defense, he calls war a "disease amplifier" and notes the danger of exposing troops to new pathogens and the likelihood for troops to circulate ERIDs around the world. In the governance realm, he notes the effect of morbidity and

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[65] Whiteside and FitzSimons, p. 26 and 29.
[66] Whiteside and FitzSimons, p. 31.
[67] Brower and Chalk, p. 6. Biowarfare is the sixth avenue, the only one that does not apply to the case of HIV/AIDS.
[68] Andrew T. Price-Smith, *Contagion and Chaos: Infectious Disease and its Effects on Global Security and Development,* CIS Working paper 1998-001, Program on Health and Global Affairs, Centre for International Studies, University of Toronto, http://www.utoronto.ca.cis/Chaos.html (18/03/02).
[69] Ibid.

mortality of skilled workers on governmental capacity and institutional fragility, which would in turn undermine the stability of nascent democracies. At the systems level he outlines the possibility of increasing South-North out-migration, ERID-induced chronic underdevelopment as a drag on the global economy, and an increased incidence of state failure, with implications for regional and global stability. Finally, he discusses the need for state adaptation to mitigate the impact of ERID.[70]

Price-Smith was also a participant on a panel organised by the United States Institute of Peace on AIDS and violent conflict in Africa, where he spoke of recent research in which he discovered a feedback loop between population health and state capacity. "The rapid deterioration of population health can in fact generate a significant negative effect on a state's capacity to govern effectively. In other words, HIV/AIDS has the potential to seriously destabilize societies over the long-term, from five to 15 years," he said. He outlined how this would occur. First, HIV/AIDS weakens the economy, drains government finances and diverts resources to health and away from other priorities. This heightens conflict between elites to control this declining resource base and imposes high costs on the poor and middle classes, which, he argues, will foster class polarization and increase economic deprivation. Simultaneously, HIV/AIDS drains existing human capital and hampers the development of capital in young people, leading to institutional fragility. This combination of increasing deprivation and increasing fragility, in turn, provides an "opportunity for violence either between elites or between classes," a scenario exacerbated by ethnic cleavages.[71]

Also on the Peace Institute panel was David Gordon from the United States National Intelligence Council. Gordon's talk at the *Plague Upon Plague* forum built upon a analysis he directed entitled *The Global Infectious Disease Threat and Its Implications for the United States*.[72] This American national security estimate argues that the infectious disease burden globally "is likely to aggravate and, in some cases, may even provoke economic decay, social fragmentation, and political destabilization." The researchers conclude that infectious disease will contribute to political instability and hinder democratic development in sub-Saharan Africa and elsewhere, and also increase political tensions in and among developed and developing countries. The paper also touches on the detrimental impact on military readiness and international peacekeeping efforts.

Speaking at the Peace Institute forum, Gordon argued that "the worst infectious diseases – and AIDS especially… – slow economic development, undermine the social structure in [affected] countries… [and] *challenge democratic development and institutions*, potentially contributing to humanitarian emergencies and the exacerbation of military conflicts."[73] From a national security perspective, he described AIDS as presenting a clear and present danger to many countries in sub-Saharan Africa, and said he considers AIDS "an exacerbating factor that is deepening the conditions that breed violent conflict in Africa." He outlined seven lines of linkages between AIDS and conflict: impoverishment, the breakdown of social bonds (especially of nuclear families), AIDS orphans, the disruption of education patterns,

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[70] Price-Smith, *Contagion and Chaos.*
[71] Andrew Price-Smith, in *Plague Upon Plague: AIDS & Violent Conflict in Africa.*
[72] Gordon, et al, *The Global Infectious Disease Threat and Its Implications for the United States.*
[73] Gordon in *Plague Upon Plague: AIDS & Violent Conflict in Africa.*

the undermining of civil society, limited economic growth, and an increase in conflict over power and resources that could undermine vital governmental structures.

A third panellist at the Peace Institute forum was Thomas Homer-Dixon, who discussed the links between environmental stress and violent conflict and drew parallels with disease as a particular type of environmental stressor.[74] Of five intermediate social effects that complete the causal chain between environmental stress and violent conflict, Homer-Dixon identified the weakening of institutions and impoverishment due to declining economic productivity as most relevant to the case of disease.[75] He argued that certain economic, political, social and cultural factors would determine whether violence will occur as a result of the HIV/AIDS epidemic. "A particularly volatile combination [is] if you've already got serious preexisting ethnic cleavages, abundant light weapons, and then this additional social stress of disease," he said. Speaking specifically about South Africa and rumours of deliberate infection of HIV perpetrated by white doctors on black patients, he noted a "kind of social hysteria that can develop within a population in a situation of such extreme stress, where old animosities and alliances reemerge and that further contributes to the breakdown of these societies." Finally, he argued that any occurrence of violent behaviour as a result of disease would probably emerge suddenly and accelerate rapidly, after a certain threshold had been passed, and would more likely be caused by changes in the "opportunity structure" than by changes in grievances – in other words, a change in the balance of power, especially the capacity of the state, that gives "challenger groups" opportunities to confront the state.

One of the most comprehensive publication on HIV/AIDS and security was compiled by the International Crisis Group (ICG) in 2001.[76] The report, like many of the others cited here, challenges the traditional notion of security – which likely would not recognize a health issue – and instead asserts that HIV/AIDS undermines human security in a profound way, and is a threat to personal, economic, communal, national, and international security. "AIDS can be so pervasive that it destroys the very fibre of what constitutes a nation," the authors contend. The paper attempts to bring together evidence compiled on this topic from all over the world – by institutions ranging from the United States Central Intelligence Agency to the United Nations Security council, as well as individual researchers – and claims to identify "clear cases where HIV/AIDS has heightened pressures toward instability by undercutting human security, harming economic and social stability, breaking down governance and directly affecting armed forces and the police." Although evidence is from a whole range of countries in the developed and less-developed worlds, there is a focus on sub-Saharan Africa and the emerging epidemics in China, India, and the countries of the former Soviet Union.

The paper explores in detail how HIV/AIDS is a threat to each of the types of security listed above. As a personal security issue, the epidemic threatens "the lives, health, family structure, and well being of individuals and entire communities,"[77] including by plunging families into poverty, robbing orphaned young people of education and

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[74] Homer-Dixon.

[75] The other three were declining agricultural production, large-scale migrations, and deepened social segmentation.

[76] *HIV/AIDS as a Security Issue*.

[77] *HIV/AIDS as a Security Issue,* p. 4.

opportunities, and placing them at risk of being recruited (or abducted) into militias or crime syndicates. As an economic security issue, the epidemic jeopardizes human capital and natural resource development, investment, and the macroeconomy at large. Moreover, "economic crisis, when coupled with a lack of political leadership, leads to political instability and may well spark internal or external conflict." These personal and economic threats, moreover, serve as threats to "community and social cohesion," which the authors discuss under the heading of communal security. This includes the impact of HIV on crime and policing, education and health care sectors, and governance and government effectiveness. The researchers note that governing institutions in many hard-hit countries are "already weak or threatened," and argue that the absence of effective institutions of governance could worsen the epidemic and even lead to insecurity, unrest, or violence.[78] They also cite research which found "that in societies facing economic crisis and lack of clear political leadership the presence of AIDS with its associated stigma may cause instability."[79] In addressing AIDS as a national security issue, the paper focuses on the impact of the epidemic on militaries, where high prevalence rates will decrease military effectiveness and undermine security, and predicts that the "vacuum left by weakened military and police forces" is likely to be filled by destabilising forces. In addition, the authors suggest that the prospect of early death to AIDS may cause soldiers to adopt riskier and even criminal behaviours on the battlefield. Finally, the report explores the impact of AIDS on international security, and the consequences of weak and destabilised states for cross-border and global security as well as for world's ability to respond to global security threats.[80]

Alex de Waal has analysed the potential for what he calls "AIDS-related national crises" (ARNCs) to threaten African states.[81] The author admits that "we don't know" what the consequences of AIDS will be for governance, peace and security in Africa, but explores the potential under a worst-case scenario for the pandemic to cause and contribute to social, political, and economic crises in the continent. He suggests that Zimbabwe and the Democratic Republic of the Congo may be prototypes of future ARNCs, with the needs and desperation of HIV-positive fighters contributing to the "ruthlessness" of war veterans in Zimbabwe and extending the conflict in the DRC. He also notes that predictions of the pandemic usually do not include a "governance variable," and suggests that AIDS-related crises of governance will worsen the pandemic and thus contribute to a negative feedback loop between HIV, governance, and crisis. The paper then explores the economic and social implications of the pandemic, from food insecurity and international dis-investment to corruption and reduced military readiness. Next, it examines the governance implications, arguing that "pandemic-induced crises" will manifest themselves in "a range of other social, economic and political pathologies," with ARNCs "fasten[ing] on to the weak points of governance or socio-political relations." The author then argues that conventional responses to crises will not work with ARNCs, and might

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[78] *HIV/AIDS as a Security Issue*, pp. 12-15.

[79] From "HIV/AIDS: The Impact on Social and Economic Development," Report of the Select Committee on International Development, British House of Commons, March 29, 2001, cited in *HIV/AIDS as a Security Issue*, p. 15.

[80] *HIV/AIDS as a Security Issue*, p. 19-23.

[81] Alex de Waal, *'AIDS-Related National Crises': An Agenda for Governance, Early-Warning and Development Partnership,* Justice Africa, unpublished paper, September 2001, to be made available soon on http://www.justiceafrica.org.

actually make things worse, and also explores the implications for aid relationships and development partnerships. Finally, he offers a range of suggestions and policy prescriptions for preventing ARNCs.

Militaries and Security
A number of analysts have examined the impact of AIDS on militaries, and the consequences for security. The UNAIDS programme released a short analysis in 1998 on AIDS and the military.[82] The paper explores the factors that make military personnel more vulnerable to HIV, including lengthy postings far from home, a risk-taking ethos, the age and demographic profile of military forces (predominantly young and male), relative wealth when compared with local populations, and the availability of illicit drugs and commercial sex workers near military camps. It also examines the impact of HIV/AIDS on the military, particularly the effects on military preparedness, on the infected individuals and their families, and the risk of transmission to civilian populations. It also discusses the actions that can be taken to reduce and mitigate the impact of AIDS on the military.

In South Africa, Lyndy Heinecken has been one of the most prominent thinkers on issues of HIV/AIDS and the military. A recent article entitled "Strategic implications of HIV/AIDS in South Africa," discussed the impact of HIV/AIDS on the South African National Defense Force (SANDF), and the national and regional implications of those impacts.[83] According to the article, HIV infection rates overall in the SANDF are similar to those of the general public, but HIV prevalence among 23- to 29-year-old soldiers is as high as 50%, a staggering figure. Heinecken explains how illness and turnover among the ranks of the SANDF will lead to a loss of skills and break in the continuity of command, with implications for morale, discipline, and cohesion. The epidemic also poses challenges for recruitment and for dealing with those personnel who are no longer able to participate in active duty, and presents difficult questions about peacekeeper deployment and other risky postings, like internal crime prevention and border control, which would present serious health risks for immune-deficient personnel. United Nations guidelines promote pre-testing soldiers deployed internationally, but Heinecken argues that South Africa must determine the practicality of this in a context of such high infection rates and difficulties of recruiting sufficient numbers of skilled personnel. Heinecken also discusses the regional implications of the HIV/AIDS epidemic, arguing that it will complicate international relations within the region, make recruiting multinational peacekeeper forces more difficult, and potentially contribute to instability and internal violence such as that seen recently in Zimbabwe.[84]

Manuel Carbello is another analyst who has looked extensively at HIV/AIDS, the military, and security. One of his papers was an International Centre for Migration and Health piece entitled *HIV/AIDS and Security*, which looks the impact of

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[82] *AIDS and the military: UNAIDS Point of View,* UNAIDS *Best Practice* Collection, May 1998, http://www.unaids.org (03/02).

[83] Lyndy Heinecken, "Strategic implications of HIV/AIDS in South Africa," *Conflict, Security & Development 1:1*, London: The Conflict, Security & Development Group, Center for Defence Studies, King's College, pp. 109-115.

[84] Heinecken, pp. 110-113. Heinecken repeats a common assertion that HIV/AIDS – particularly infection among war veterans and young men – contributed directly to much of the current violence in Zimbabwe. DeWaal, discussed above, makes a similar contention.

HIV/AIDS on human (personal, health, educational, economic, community) security and national security, with an emphasis on the latter.[85] The paper offers some striking statistics on the prevalence of HIV in militaries worldwide, and cites estimates for South Africa (17% infection overall among military personnel, but some units as high as 90%) Angola (40 to 50%) the Democratic Republic of the Congo (40 to 60%) and Zimbabwe and Malawi (both 70 to 75%).[86] The paper also discusses the implications of the epidemic for peacekeepers, child soldiers, and private security companies or militias, among other topics, and explores the HIV-related risk of disarmament, demobilization, and reinsertion efforts and the need to minimize transmission of HIV to communities once military personnel return home. The risk factors for military personnel are also discussed, and in addition to those mentioned by the UNAIDS paper (discussed earlier) includes the use of alcohol and drug use and lack of education. Finally, the paper discusses the response of the security sector to this epidemic, identifies some opportunities for military interventions, and reviews a number of case studies of ongoing HIV projects and programmes related to the military.

Orphans, Crime and Security
One of the commonly-cited means by which HIV/AIDS could cause insecurity and violent conflict is the large number of children who will be orphaned by HIV/AIDS in the coming years. As analyst Randy Cheek, advocating debt relief for African countries to help prevent dire AIDS-related security threats, explains, orphans who are disconnected from social, economic and political support structures constitute "an 'extra national' population group, [who] could easily become tools for ethnic warfare, economic exploitation, and political opportunism." He also discusses the plight of street children, whose ranks are already swelling in many sub-Saharan African cities: "…life for these children is short, harsh, and cheap. They exist in a world where money is begged or stolen, food in unreliable, education is irrelevant, and survival of the fittest is the norm. Their ties to civilization and society are being eroded by the need to survive on terms they cannot control." As a worst-case scenario, Cheek offers the example of Sierra Leone, where young boys were exploited by Foday Sankoh, leader of the Revolutionary United Front, to become "child soldiers" and perpetrate violence and terror, while harems of young girls were kept as their sex slaves. Cheek warns that this scenario could be repeated in other sub-Saharan countries, with orphans recruited to serve charismatic leaders in Angola, to join the ranks of "war veterans" in Zimbabwe, and to serve as a new force in South Africa, where "latent bitterness over economic disparity and ethnic/racial tensions provide adequate tinder in search of a spark."[87]

Martin Schonteich, from the Institute for Security Studies in South Africa, has done extensive work on the links between HIV/AIDS, age, crime, and security, and contends that HIV/AIDS will result in rising crime in South Africa over the next ten to twenty years.[88] Schonteich argues first, that South Africa's disproportionately

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[85] Manuel Carballo, Jimena Cilloniz, and Scott Braunschweig, *HIV/AIDS and Security*, International Centre for Migration and Health, publication date unknown.

[86] Carballo, Cilloniz, and Braunschweig, p. 10.

[87] Randy Cheek, *A Generation at Risk: Security Implications of the HIV/AIDS Crisis in Southern Africa*, National Defense University, Institute for National Strategic Studies, Washington, DC.

[88] For instance, see Martin Schonteich, "Age and Aids: South Africa's crime time bomb?" *Africa Security Review* 18:4, 1999, Institute for Security Studies, http://www.iss.co.za/Pubs/ASR (03/1000);

large youth population will increase crime rates as the current population "bulge" of children aged five to fourteen passes through the crime-prone ages of fifteen to twenty-four. To support this, he reviews evidence that young people in their teens and early twenties worldwide are more prone to commit crimes, including violent crimes, than people in other age groups. South Africa has a very young population, and the number of teenagers and young adults as a proportion of the general population will peak in the next ten to twenty years, meaning that crime rates are also likely to rise to a peak during that period. This will be exacerbated by the HIV/AIDS epidemic, which is going to orphan large numbers of children – an estimated one million maternal AIDS orphans in South Africa by 2005, and two million by 2010. Though orphans in general face certain disadvantages, Schonteich argues that AIDS orphans face particular disadvantage, including discrimination, social exclusion, the loss of education and health care, the psychological stress of having experienced a parental death that was more traumatic and drawn-out than deaths from many other causes, and the likelihood that they have lost two parents if they have lost one. Many of these orphans, in turn, will be raised without proper supervision , and are consequently at risk of becoming involved in criminal activity. The combination of South Africa's youthful population and large numbers of AIDS orphans, he concludes, creates a particularly volatile situation that could result in an explosion of crime rates, with consequences for security and political stability.

The paper by Fourie and Schonteich also addresses some issues around HIV/AIDS and crime, but with a regional perspective rather than a focus just on South Africa. In addition to reviewing Schonteich's analyses on the link between orphans and crime and security, which they argue applies to many other southern African countries besides South Africa, the pair also discuss the potential links between HIV/AIDS, income inequality, and crime. Not only will AIDS worsen poverty, they argue, but is also likely to widen income inequalities, which quite possibly could contribute to rising crime levels.[89] They also address issues related to governance and the criminal justice system, which they expect to be detrimentally impacted by HIV/AIDS, with implications for crime prevention and management. A high prevalence of HIV among prison populations, for instance, will mean the correctional services must shoulder an increasing burden of care for HIV-positive inmates. In addition, wardens might be intimidated by HIV-positive inmates who can threaten to infect them, while prisoners may be increasingly uncooperative. "With a life expectancy of five or so years, many infected prisoners will have little to lose by failing to co-operate with prison officials."[90] Courts and trials are likely to be disrupted by the illness or death of defendants, court officials, and witnesses, while police capacity is reduced and financial resources for criminal justice reduced or diverted to health and welfare. Overall, this is likely to contribute to rising crime rates, undermining security in the region.

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and Martin Schonteich, *The impact of HIV/AIDS on South Africa's internal security*, paper delivered at the 1st annual conference of the South African Association of Public Administration and Management, November 23, 2000, http://www.iss.co.za/Projects/CrimeAndJustice/ConfSAAPAMNov2000.html (20/03/02).
[89] Fourie and Schonteich, p. 24.
[90] Fourie and Schonteich, p. 25.

Conclusion

So, what do we know about the links between HIV/AIDS and democracy? Assuming that the literature identified for this review is indicative of the field as a whole, and there is not a wealth of work out there that escaped this researcher's purview, it seems we know a bit about what we *expect to happen* and what we think *might happen*, but very little about what is *actually happening*. In other words, there is a definite lack of – and need for – substantive research on the links between HIV/AIDS and democracy. Though the quality of many of the existing theoretical and predictive analyses is quite high, there is simply too much guesswork involved. Moreover, with regard to just about every relevant topic – except, perhaps, security – the range of research is still quite thin and there are many holes to be filled.

Hopefully, this paper and the workshop that follows it will begin the process of filling those holes in the research around HIV/AIDS and democracy, and fleshing out our knowledge of this vital topic.

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